A.T. Still University

Master of Public Health (MPH) Program

Self-Study Document

For the

Council on Education for Public Health (CEPH)

April 25, 2014

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Table of Acronyms

AAPHD	American Association of Public Health Dentistry
ADA	Americans with Disabilities Act
ADP	Academic Degree Planner
APHA	American Public Health Association
ASC	Academic Success Coordinator
ASDOH	Arizona School of Dentistry and Oral Hygiene
ASHS	Arizona School of Health Sciences
ATSU	A.T. Still University
CDC	Centers for Disease Control and Prevention
CEAC	Continuing Education Advisory Committee
CEPH	Council on Education for Public Health
CGPA	Cumulative Grade Point Average
CHC	Community Health Center
CHES	Certified Health Education Specialist
CV	Curriculum Vitae
DMD	Doctor of Dental Medicine
DO	Doctor of Osteopathic Medicine
EC	Enrollment Counselor
EEOC	Equal Employment Opportunity Commission
HEOA	Higher Education Opportunity Act
HLC	Higher Learning Commission
HRSA	Health Resources and Services Administration
IRMA	Integrated Records Management & Administration

KCOM	Kirksville College of Osteopathic Medicine
LMS	Learning Management System
MCHES	Master Certified Health Education Specialist
MOSDOH	Missouri School of Dentistry and Oral Hygiene
MPH	Master of Public Health
NMCHN	North Missouri County Health Network
NNOHA	National Network of Oral Health Access
PH	Public Health
SAP	Satisfactory Academic Progress
SHINE	Serving the Health Information Needs of Elders
SHM	School of Health Management
SME	Subject Matter Expert
SOMA	School of Osteopathic Medicine in Arizona
TOEFL	Test of English as a Foreign Language
TRAIN	Training Finder Real-time Affiliate Integrated Network
UNICEF	United Nations Children's Fund
UWC	University Writing Center
WCN	Western Clinicians Network

Criterion 1: The Public Health Program

Criterion 1.1: Mission

The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives, and values.

1.1.a. A clear and concise mission statement for the program as a whole.

The MPH program's mission is "to prepare public health professionals for leadership in advancing public health, promoting individual and community health and well-being, and addressing health disparities locally, nationally, and globally."

The MPH program mission statement is an extension of the A.T. Still University (ATSU) mission statement, which reads:

> A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.

1.1.b. A statement of values that guides the program.

The MPH program has adopted the values of the School of Health Management (SHM), reflected in all its programs.

- Commitment – Our primary commitment is to enhance the intellectual, personal, and professional growth of students. This is accomplished by providing a challenging curriculum, a highly qualified faculty, and strong academic support. We are committed to providing online education that is flexible, on-demand, and innovative, and uses sound education technologies and techniques. We also have a commitment to support faculty by providing them institutional resources to effectively deliver education through ongoing faculty development. We also have a commitment to invest in staff so as to be successful in our mission. This investment, through training and employee involvement, will prepare staff to support the educational challenges of our students and faculty for SHM's long-term viability.

- Excellence – Excellence is the standard for all that we do and is achieved by serving our students and faculty with quality programming and services that are reliable and efficient. We are committed to continuously seeking and implementing innovative teaching methods and technologies, as well as maintaining applicable school accreditation.

- Integrity – Integrity is the cornerstone of who we are. We will provide education with the highest ethical and legal standards, and conduct ourselves with honesty, fairness, and sincerity in all activities.

1.1.c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research, and service.

The MPH program will strive to:

1. Recruit and retain a student body representative of the nation's racial, ethnic, and gender composition.
2. Provide a challenging learning environment that facilitates scholarship.
3. Provide instruction responsive to the needs of the public health workforce.
4. Provide a quality, diverse faculty and staff committed to lifelong learning.
5. Conduct scholarly research that advances public health.
6. Plan, develop, implement, and evaluate programs to meet community needs.

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

Goal 1: The MPH program will strive to recruit and retain a student body representative of the nation's racial, ethnic, and gender composition.
- Objective 1.1: The MPH program will exhibit at eight major conferences each year.
- Objective 1.2: 80% of all students will be retained during an academic year.
- Objective 1.3: 70% of students will graduate within seven years of matriculation.
- Objective 1.4: 40% of students will be of a race other than Caucasian
- Objective 1.5: 60% of students will be female

Goal 2: Provide a challenging learning environment that facilitates scholarship.
- Objective 2.1: 80% of students will report they gained practical knowledge from a course.
- Objective 2.2: 95% of faculty will report the MPH curriculum is rigorous enough for the level of the academic degree.
- Objective 2.3: 80% of students will demonstrate sufficient proficiency to earn a grade of A or B in every course.

Goal 3: Provide instruction responsive to the needs of the public health workforce.
- Objective 3.1: At least one currently-employed public health worker will be a representative on the MPH Curriculum Committee.

- Objective 3.2: Of the students who complete the self-report competency survey after their practica, 100% will report they are competent in 80% of the program's competencies.
- Objective 3.3: 80% of respondents to the alumni survey will report the MPH curriculum prepared them for the public health workforce.
- Objective 3.4: 85% of preceptors will agree a student was well prepared academically for the practicum.
- Objective 3.5: The MPH program will provide, or contribute to, at least one continuing education workshop annually for practicing public health professionals.

Goal 4: Provide a quality, diverse faculty and staff committed to lifelong learning.
- Objective 4.1: 100% of full-time faculty have earned doctoral degrees.
- Objective 4.2: 90% of academically qualified adjunct faculty members currently work or have worked primarily in public health or a health-related field.
- Objective 4.3: All MPH full-time faculty will participate in one continuous improvement or professional development activity each year.
- Objective 4.4.a: 50% of MPH full-time faculty will be female.
- Objective 4.4.b: 30% of MPH full-time faculty will be of a race other than Caucasian.
- Objective 4.5.a: 75% of MPH staff will be female.
- Objective 4.5.b.: 15% of MPH staff will be of a race other than Caucasian.

Goal 5: Conduct scholarly research that advances public health.
- Objective 5.1: The MPH program will generate scholarly activity resulting in 10 professional presentations annually.
- Objective 5.2: The MPH program will generate scholarly activity resulting in nine submissions to peer-reviewed publications annually.
- Objective 5.3: The MPH program will participate annually in at least one grant application or grant-funded project.

Goal 6: Plan, develop, implement, and evaluate programs designed to meet community needs.
- Objective 6.1: All practica projects undertaken by MPH students will be community public health practice-based.
- Objective 6.2: All MPH faculty will participate in at least one community service activity annually.

1.1.e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The mission statement of ATSU was the foundation for the MPH program mission statement. Members of the CEPH Committee, who represent faculty, administration, alumni, students, community public health representatives, and staff of the program, discussed the ATSU mission statement at a meeting on May 3, 2011, and amended the MPH program mission statement, adding community health and well-being to the statement. Members of the committee discussed the mission statement with peer groups of faculty members and staff members that week, during the various face-to-face meetings on campus, which occur during the week of graduation. The mission statement was finalized May 26, 2011.

During the May 2011 meeting, the CEPH Committee members also drafted measurable goals relating to the mission statements of ATSU and the MPH program and values of SHM. Once these goals were determined, individual committee members were tasked with writing SMART (specific, measurable, achievable, realistic, timely) objectives for each goal. These objectives were reviewed by the CEPH Committee via shared online documents and were approved at a CEPH Committee meeting in September 2011, and subsequently approved by the SHM Dean.

The ATSU mission includes a commitment to underserved populations and this foundation frames in part the objectives for Goal 1: The MPH program will strive to recruit and retain a student body representative of the nation's racial, ethnic, and gender composition. The goal of exhibiting at eight conferences is set with input from the Admissions Office team. As faculty members attend conferences, they are encouraged to promote the ATSU MPH program through displays. Enrollment Counselors also attend whenever feasible. The goals for student retention and graduation rate are set in order to meet the CEPH-required 70% graduation rate. By focusing our efforts on building a student body that includes non-Caucasian students and a slight majority of women, the program will help to build a public health workforce that better reflects the diversity of the nation.

The objectives for Goal 2: The MPH program will provide a challenging learning environment that facilitates scholarship evolved from questions asked of students on the 'End of Course' surveys and of faculty on the evaluations that are completed at the end of each course, as well as the requirement that all students in the program maintain a 3.0 grade point average.

The MPH program will strive to provide instruction responsive to the needs of the public health workforce, as noted in the third program goal. This is accomplished through having a public health professional as a member of the program's curriculum committee, and surveying students, alumni, and practicum preceptors on the applicability of the curriculum to the demands of the public health profession. Providing continuing education is one way that the MPH program can continue to keep in touch with the public health workforce.

The ATSU MPH program has a goal of providing a quality, diverse faculty, and staff committed to lifelong learning (Goal 4). Quality is demonstrated through terminal degrees for full-time faculty members and public health or health-related professional experience for adjunct faculty members. Requiring that faculty participate in professional

development activities ensures that they are keeping their skills up-to-date and demonstrates a commitment to lifelong learning. Diversity targets for female and non-Caucasian members of the faculty and staff demonstrate a commitment again to underrepresented populations.

The objectives for Goal 5: Conduct scholarly research that advances public health, includes targets for professional presentations and submissions to peer-reviewed publications that will inform public health audiences at the professional level. Every full-time faculty member is expected to present at least once a year and the number of submissions to peer-reviewed publications is also tied to the number of full-time faculty members in the program. In the past, the ATSU MPH program has traditionally focused more on teaching than research; the objective target of one grant application or grant-funded project demonstrates a move toward funded research projects.

Finally, the sixth goal of planning, developing, implementing, and evaluating programs designed to meet community needs can be met by students through their practica projects, and the faculty through community service activities.

1.1.f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The CEPH Committee posts all materials to the CEPH Self-Study public website: https://sites.google.com/a/atsu.edu/ceph-accreditation-for-mph/ .

The mission statement, values, goals, and objectives are reviewed each November, for publication in the annual *MPH Program Guide* (Resource File 1-A) and the *MPH Dental Emphasis Program Guide* (Resource File 1-B). In the past, this has been done by MPH program administration, rather than in a formal CEPH Committee or MPH program committee meeting; that will change in Academic Year 2014-15, when the MPH faculty will review and formally approve the mission statement, values, goals, and objectives of the program at the annual faculty meeting.

The MPH program mission statement is publicized through the SHM section of the ATSU website, in the program guides used to market the program to prospective students, and in the SHM Faculty Handbook (Resource File 1-C). The mission statement is framed and displayed in the SHM conference room.

1.1.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The ATSU MPH program has a clear and concise mission statement that aligns with the University and SHM missions and core values. The MPH program has clearly outlined the goals for meeting these values and missions. Further, the MPH program has measurable objectives and a system for reviewing successes and areas that need improvement to provide an enduring mechanism for monitoring compliance with these missions and values. SHM has demonstrated a continuing commitment to fulfilling and sustaining these missions, values, and goals.

Weaknesses

The evolving nature of the MPH program has made evaluation of the program challenging. Currently the program assessments are focused on students and faculty. With new technologies and updated competencies, evaluations need to incorporate course delivery methods, format, and content.

Future Plans

To ensure the MPH program continues to meet this criterion, a representative from the SHM, and the MPH program in particular, will be present when the University mission is revisited and re-evaluated in the future to ensure it reflects the realities of the curriculum, the students, and the communities we serve.

Criterion 1.2: Evaluation

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d., including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need to be described only once. If the systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

SHM previously managed data through spreadsheets created by various individuals who needed the information. This often led to redundant work and inaccurate information when data changed. The development of the SHM-specific database – the Integrated Records Management Administration (IRMA) – during the 2012-13 academic year has made it easier for SHM to manage the volumes of data generated by not only the MPH program, but all the academic programs at SHM. Continuous modifications to the database make retrieval of information related to goals and objectives as easy as possible for those who need or request it.

Student-specific information is managed through the University's CampusVue records system, with access granted only to individuals who require information to perform job duties (per FERPA regulations).

Course information is housed in the Blackboard Learning Management System. Administrative access to these records is restricted to administrators and staff members whose jobs require access.

The evaluation processes for the MPH program objectives involves those who work most closely with the data. It also includes the administrators, faculty, and staff members who will be most affected by the decisions made upon evaluation of the data. This inclusive process allows for crafting the best strategies and decisions possible for the MPH program.

Table 1.2.1 Description of the Evaluation Process for MPH Program Objectives

Goal 1: Recruit and retain a student body representative of the nation's racial, ethnic, and gender composition.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
1.1 The MPH Program will exhibit at eight major conferences each year	The Public Health (PH) Department Chair will assign faculty members to attend conferences to recruit students. Enrollment Counselors will join when possible.	Faculty personnel files; IRMA database	PH Department Chair; MPH faculty; Associate Director of Admissions	The PH Department Chair will work with the MPH faculty to process requests to present at conferences and coordinate recruiting efforts with the Director of Admissions and Enrollment Counselors.
1.2 80% of all students will be retained during an academic year	Associate Dean of Academic Success & Assessment regularly tracks student progress and works with faculty and ASCs to determine reasons for withdrawal.	Blackboard coursework; CampusVue records	Associate Dean of Academic Success & Assessment; PH Department Chair; MPH faculty; ASCs	The retention plan will be evaluated annually; if progress is not being made toward the goal, the retention plan will be modified.
1.3 70% of students will graduate within seven years of matriculation	Associate Dean of Academic Success & Assessment annually tracks the students completing degree requirements.	CampusVue records	PH Department Chair; Associate Dean of Academic Success & Assessment; MPH faculty; ASCs	The graduation rate will be evaluated at the end of every academic year; if progress is not being made toward the goal, the retention plan will be modified.
1.4 40% of students will be of a race other than Caucasian	The ATSU Admissions Office maintains records of this information.	Admissions/ Recruitment records	PH Department Chair; Associate Director of Admissions	These figures will be reviewed annually and recruitment efforts modified accordingly until these targets are met.
1.5 60% of students will be female	The ATSU Admissions Office maintains records of this information.	Admissions/ Recruitment records	PH Department Chair; Associate Director of Admissions	These figures will be reviewed annually and recruitment efforts modified accordingly until these targets are met.

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Goal 2: Provide a challenging learning environment that facilitates scholarship.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
2.1 80% of students will report they gained practical knowledge from a course	End of Course surveys are administered in Week 9 of every course.	End of Course surveys; IRMA database	PH Department Chair; Associate Dean of Academic Success & Assessment	Survey results are analyzed to ensure students believe they are gaining practical knowledge from courses; courses will be revised to ensure this objective is met.
2.2 95% of faculty will report the MPH curriculum is rigorous enough for the level of the academic degree	Instructor Course Evaluation forms are requested of each faculty member at the end of each term; instructors are asked to submit one form for each course taught that term.	Instructor Course Evaluations; IRMA database	PH Department Chair; Associate Dean of Academic Success & Assessment	The PH Department Chair receives the results of this survey at the end of each term. If the trend data show that the curriculum's rigor needs to improve, the curriculum will be reviewed by the MPH Curriculum Committee.
2.3 80% of students will demonstrate sufficient proficiency to earn a grade of A or B in every course	ASCs run grade sheets at the end of each term and the results are entered into the IRMA database for analysis.	Blackboard courses; IRMA database	PH Department Chair; MPH faculty; Associate Dean of Academic Success & Assessment	If analysis of the grades shows that students are not achieving the desired result, individual courses may be reviewed and revised as appropriate.

Goal 3: Provide instruction responsive to the needs of the public health workforce.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
3.1 At least one currently-employed public health worker will be a representative on the MPH Curriculum Committee	PH Department Chair will annually appoint a public health practitioner to the MPH Curriculum Committee.	MPH Curriculum Committee minutes	PH Department Chair; SHM Administration	A public health practitioner will provide the MPH Curriculum Committee with a unique perspective and will assist in evaluating course content for relevance and currency to the field of public health.
3.2 Of the students who complete the self-report competency survey after their practica, 100% will report that they are competent in 80% of the program's competencies	Incoming students will complete a survey evaluating their proficiency in the MPH Program competencies; students will complete the same survey again after completion of their practica.	Competency survey	PH Department Chair; ASCs	Survey results are analyzed annually; if students indicate shortfalls in the competencies, the Curriculum Committee will review the MPH curriculum and courses may be revised as appropriate.
3.3 80% of respondents to the alumni survey will report the MPH curriculum prepared them for the public health workforce	Alumni suggestions for course and curriculum improvement will be submitted to the Curriculum Committee.	Annual alumni survey	Associate Dean of Academic Success & Assessment	Survey results are analyzed annually; suggestions to improve the curriculum regarding preparation for public health careers are submitted to the Curriculum Committee for review and inclusion in courses where feasible.
3.4 85% of preceptors will agree a student was well prepared academically for the practicum	Preceptors complete an evaluation upon the student's completion of the practicum.	Preceptor Evaluation Form	Practicum Preceptor; MPH Practicum Coordinator; ASCs	Evaluations are analyzed annually; if results show the students are not prepared for their practica, the Curriculum Committee will review the curriculum and revise accordingly.

Goal 3: Provide instruction responsive to the needs of the public health workforce.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
3.5 The MPH Program will provide, or contribute to, at least one continuing education workshop annually for practicing public health professionals	Faculty members discuss opportunities to present at professional conferences with the PH Department Chair, who approves those requests as the budget allows.	Faculty personnel files	MPH faculty; PH Department Chair; SHM Administration	At the annual summer faculty meeting during graduation week, the MPH faculty members collaborate to create opportunities for meeting this objective with the ATSU Continuing Education Department.

Goal 4: Provide a quality, diverse faculty and staff committed to lifelong learning.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
4.1 100% of full-time faculty have earned doctoral degrees	Applicants for faculty positions submit a CV that includes educational background and degrees earned.	Application materials; faculty personnel files	SHM Administration; PH Department Chair	Faculty who have earned a doctoral degree show their commitment to lifelong learning and are an asset to ATSU.
4.2 90% of academically qualified adjunct faculty members currently work or have worked primarily in public health or a health-related field	Applicants for adjunct faculty positions submit a CV that includes their experience working in public health or health-related fields.	Application materials; faculty personnel files	SHM Administration; PH Department Chair	Adjunct faculty members with public health or health experience provide meaningful input for students and improve the learning experience.
4.3 All full-time faculty will participate in one continuous improvement or professional development activity each year	Faculty members submit information about professional development activities to their Faculty Records.	Faculty information in IRMA database	MPH faculty; PH Department Chair	Faculty members will discuss professional development activities with the PH Department Chair during their annual evaluations.

Goal 4: Provide a quality, diverse faculty and staff committed to lifelong learning.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
4.4.a 50% of full-time faculty will be female	As faculty positions become available, the SHM Administration will encourage applications from women.	Application materials	SHM Administration; PH Department Chair	Diversity is important in public health education. ATSU strives to employ educators who provide perspectives from a variety of backgrounds, cultures, and perspectives.
4.4.b 30% of full-time faculty will be of a race other than Caucasian	As faculty positions become available, the SHM Administration will encourage applications from individuals with diverse backgrounds.	Application materials	SHM Administration; PH Department Chair	Diversity is important in public health education. ATSU strives to employ educators who provide perspectives from a variety of backgrounds, cultures, and perspectives.
4.5.a 75% of MPH staff will be female	As staff positions become available, the SHM Administration will encourage applications from women.	Application materials	SHM Administration	SHM Administration will hire women whenever qualified applicants can be found.
4.5.b 15% of MPH staff will be of a race other than Caucasian	As staff positions become available, the SHM Administration will encourage applications from individuals with diverse backgrounds.	Application materials	SHM Administration	SHM Administration will hire staff from diverse backgrounds whenever qualified applicants can be found.

Goal 5: Conduct scholarly research that advances public health.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
5.1 The MPH Program will generate scholarly activity resulting in 10 professional presentations annually	Faculty members submit information about presentations to their Faculty Records.	Faculty information in IRMA database	MPH faculty	At the annual summer faculty meeting, the MPH faculty members discuss opportunities for meeting this objective.

Goal 5: Conduct scholarly research that advances public health.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
5.2 The MPH Program will generate scholarly activity resulting in nine submissions to peer-reviewed publications annually	Faculty members submit information about research publication to their Faculty Records.	Faculty information in IRMA database	MPH faculty	At the annual summer faculty meeting during graduation week, the MPH faculty members collaborate to create opportunities for meeting this objective.
5.3 The MPH Program will participate annually in at least one grant application or grant-funded project	Faculty members submit information about research publication to their Faculty Records.	Faculty information in IRMA database	MPH faculty	At the annual summer faculty meeting during graduation week, the MPH faculty members collaborate to create opportunities for meeting this objective.

Goal 6: Plan, develop, implement, and evaluate programs to meet community needs.	Process for Tracking	Data Source	Responsible Parties	Next Steps Implications Rationale
6.1 All practica projects undertaken by MPH students will be community public health practice-based	Each practicum student identifies community needs met by the practicum experience and verified by the practicum preceptor and faculty advisor. The MPH ASCs generate an annual report for the MPH Curriculum Committee to review.	MPH Practicum Reports	MPH Practicum Coordinator; ASCs	The MPH Practicum Reports provide evidence that the practicum meets the needs of students' communities.
6.2 All MPH faculty will participate in at least one community service activity annually	Faculty members submit community service activities to their Faculty Records.	Faculty information in IRMA database	PH Department Chair; MPH faculty	This will be discussed in each faculty member's annual performance evaluation and a plan for meeting this requirement developed if it hasn't been done.

1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated, and regularly used by the manager responsible for enhancing the quality of programs and activities.

At the annual strategic planning meeting, the Associate Dean of Academic Success and Assessment provides the annual metrics described in Table 1.2.1 to SHM administration and department/program chairs, including the Public Health Department Chair. SHM is in a position where responses and adaptations can be formulated quickly based on these numbers. The annual strategic planning meeting reviews and analyzes report trends, and additional meetings occur with the admissions team, the MPH Curriculum Committee, and others as necessary.

The Academic Success Coordinators (ASCs) play a vital role in student persistence in courses and in the program. Throughout each term, the ASCs analyze student progress and provide reports to the Public Health Department Chair identifying students deemed at risk of failing a course or withdrawing from the program. Immediate concerns are reported to the Public Health Department Chair. ASCs contact at risk students via email and/or phone to provide support and resources to assist each student.

The MPH program solicits feedback from faculty and students to ensure a challenging learning environment. Students are surveyed at the end of each course and asked to evaluate an instructor and course materials. Faculty members are surveyed at the end of each course they teach to determine the efficacy of the course materials, structure, technologies, and assessments. The Curriculum Committee reviews each core course at least once every three years (elective courses are reviewed at least once every five years) for content, rigor, and inclusion of current technologies. Once approved, all courses are taught in the format approved by the Curriculum Committee.

1.2.c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g., 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

The following tables contain data corresponding with each of the MPH program's goals and objectives. Data have been collected for the past two academic years (2011-12, 2012-13), as well as the first half of the current 2013-14 academic year. Complete data will be added once the year is finished at the end of June 2014.

Table 1.2.2 Performance Data on Objectives

Goal 1: Recruit and retain a student body representative of the nation's racial, ethnic, and gender composition.	TARGET	2011-2012	2012-2013	2013-2014
1.1 The MPH Program will exhibit at eight major conferences each year	8	7	10	8
1.2 80% of all students will be retained during an academic year	80%	69.8%	81.0%	83.1%
1.3 70% of students will graduate within seven years of matriculation	70%	50.5%	58.8%	52.6%
1.4 40% of students will be of a race other than Caucasian	40%	31.8%	39.8%	37.0%
1.5 60% of students will be female	60%	63.9%	63.8%	63.6%

Goal 2: Provide a challenging learning environment that facilitates scholarship.	TARGET	2011-2012	2012-2013	2013-2014
2.1 80% of students will report they gained practical knowledge from a course	80%	NA	86.2%	86.1%
2.2 95% of faculty will report the MPH curriculum is rigorous enough for the level of the academic degree	95%	NA	NA	97.6%
2.3 80% of students will demonstrate sufficient proficiency to earn a grade of A or B in every course	80%	76.3%	84.5%	85.2%

Goal 3: Provide instruction responsive to the needs of the public health workforce.	TARGET	2011-2012	2012-2013	2013-2014
3.1 At least one currently employed public health worker will be a representative on the MPH Curriculum Committee	1	1	2	1
3.2 Of the students who complete the self-report competency survey after their practica, 100% will report that they are competent in 80% of the program's competencies	100%	80%	85.71%	0.00% (no post-practicum surveys were administered in Fall 2013)

Goal 3: Provide instruction responsive to the needs of the public health workforce.	TARGET	2011-2012	2012-2013	2013-2014
3.3 80% of respondents to the alumni survey will report the MPH curriculum prepared them for the public health workforce	80%	NA	NA	88.3%
3.4: 85% of preceptors will agree that a student was well prepared academically for the practicum	85%	100%	100%	100%
3.5: The MPH Program will provide, or contribute to, at least one continuing education workshop each year for practicing public health professionals	1	2	2	0

Goal 4: Provide a diverse, quality faculty and staff committed to life-long learning.	TARGET	2011-2012	2012-2013	2013-2014
4.1 100% of full-time faculty have earned doctoral degrees	100%	100%	90.9%	90.9%
4.2 90% of academically qualified adjunct faculty members work or have worked primarily in public health or a health-related field	90%	50%	50%	52.9%
4.3 All MPH full-time faculty will participate in at least one continuous improvement or professional development activity each year	100%	100%	100%	100%
4.4.a 50% of MPH full-time faculty will be female	50%	50%	45.5%	36.4%
4.4.b 30% of MPH full-time faculty will be of a race other than Caucasian	30%	20%	27.3%	27.3%
4.5.a 75% of MPH staff will be female	75%	88.9%	90.9%	90%
4.5.b 15% of MPH staff will be of a race other than Caucasian	15%	11.1%	9.1%	10%

Goal 5: Conduct scholarly research that advances public health.	TARGET	2011-2012	2012-2013	2013-2014
5.1 The MPH Program will generate scholarly activity resulting in 10 professional presentations annually	10	5	11	15

Goal 5: Conduct scholarly research that advances public health.	TARGET	2011-2012	2012-2013	2013-2014
5.2 The MPH Program will generate scholarly activity resulting in nine submissions to peer-reviewed publications annually	9	2	5	7
5.3 The MPH Program will participate annually in at least one grant application or grant-funded project	1	2	2	10

Goal 6: Plan, develop, implement, and evaluate programs to meet community needs.	TARGET	2011-2012	2012-2013	2013-2014
6.1 All practica projects undertaken by MPH students will be community public health practice-based	100%	100%	100%	100%
6.2: All MPH faculty will participate in at least one community service activity annually	100%	30%	90.9%	*36.4%

*All faculty members attending graduation week activities in Kirksville in June will perform a community service activity.

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officer, administrative staff, faculty, students, alumni and representatives of the public health community.

The self-study planning process was initiated to submit an application to the October 2010 CEPH board meeting, but was tabled until the following spring, with the application submitted for consideration at the June 2011 CEPH board meeting. A nine-member CEPH Committee was appointed, consisting of SHM administration, the Public Health Department Chair, MPH faculty members, a faculty representative from another SHM program, an Academic Success Coordinator, and an Instructional Designer. After the application was accepted, the CEPH Committee met regularly. The chapter drafts were created as Google docs, and all members of the committee had editing/commenting rights to the documents. The CEPH Committee membership has grown as needed throughout the self-study process and now includes 18 members.

Between meetings, self-study chapters were written, addressing the various requirements. The chapters were shared on Google Drive so the committee and all people responsible for areas within the document could see the progress made on the chapters. The committee then made recommendations to the SHM Dean for changes needed to meet the accreditation criteria. SHM hired an accreditation consultant to assist with the process.

Once drafts of the self-study were created, they were shared with MPH program constituents, including SHM and ATSU administration and staff, MPH students and alumni, the ATSU community, and public health officials. The self-study was posted on the ATSU website, and public commentary was sought. Emails were sent to current and

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former students, as well as public health offices and professional organizations, requesting comment. All comments were considered for inclusion in the final self-study document.

1.2.e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

Use of databases, including CampusVue (the University's student record management system) and IRMA (SHM's school-specific data management system), reduces redundancies in work, reduces errors, and enables SHM administrators to quickly retrieve data for analysis.

Student success is supported by continual monitoring of student performance on the part of the ASCs, with prompt intervention when necessary.

The CEPH self-study process has been inclusive from the beginning, with input sought from MPH administrators, faculty, staff, students, and alumni, as well as public health professionals.

Weaknesses

Data collection efforts for some of the objectives are new and still being refined.

Because the MPH practicum is new to the curriculum, the infrastructure systems are evolving to provide the most rigorous and feasible experience for students.

Future Plans

The means for monitoring and assessing alumni preparation and success is in the initial development stages.

The well-established procedure for continual curriculum development will allow for rapid assessment and correction of any perceived deficiencies or changing public health needs identified from these surveys and alumni job placement monitoring once they are implemented.

To further strengthen the MPH program's evaluation efforts, the post practicum survey will be augmented to incorporate an evaluation of specific delivery methods, format, and material covered. Evaluation of delivery methods and format will determine strengths and weaknesses for future self-studies, while evaluation of course content will check alignment between grades and proficiency in competencies. Expanding the evaluation to include student competencies in critical areas will be a check for self-reported student competency in public health fields.

Criterion 1.3: Institutional Environment

The program shall be an integral part of an accredited institution of higher education.

1.3.a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

A.T. Still University was established in 1892 by Dr. Andrew Taylor Still, M.D., D.O. The school was originally established as the American School of Osteopathy and, after several name changes, became the Kirksville College of Osteopathic Medicine (KCOM) in 1971. The North Central Association/Higher Learning Commission (HLC) accredited KCOM in 1994.

In response to the rapidly expanding population in Arizona and the need for additional healthcare professionals in that area, the school established the Southwest Center for Osteopathic Medical Education and Health Sciences in Phoenix, Arizona, in 1995. The name was changed to the Arizona School of Health Sciences (ASHS) in 1998; a new, stand-alone campus in Mesa, Arizona, was built the following year.

In 1999, on the Missouri campus, the School of Health Management (SHM) began offering master's degrees in public health, geriatric health, and health administration.

The HLC, as an outcome of the 1999 HLC accreditation visit, recommended KCOM change its organizational structure, since its plans and goals were better suited to a university model, rather than those of a college. The Board of Trustees restructured the College and in 2002 changed its name to A.T. Still University of Health Sciences (ATSU). In 2004, ATSU adopted a new mission statement reflecting the diversity of its degree programs and created an institutional mandate for its long-range goals. In 2006, the School of Osteopathic Medicine in Arizona (SOMA) was established in cooperation with the National Association of Community Health Centers as a unique model for community-based medical education. In 2010, HLC granted ATSU a 10-year accreditation.

Today, ATSU is comprised of six schools: two medical schools (KCOM and SOMA), two dental schools (ASDOH and MOSDOH), a health science school (ASHS), and an online school of health management (SHM).

ATSU has a total enrollment of 3,314 students (Fall 2013). SHM is the fourth-largest school in ATSU, with an enrollment of 420 students (Fall 2013), approximately 12.7% of all ATSU students (Resource File 1-D). SHM has 20 full-time faculty members (248 in ATSU as a whole), 46 adjunct faculty members (454 in ATSU as a whole), and three faculty members have administrative appointments (49 in ATSU as a whole) (Resource File 1-E).

University, school, and program-level accreditation has been received from the following:

Table 1.3.1 ATSU Accreditations		
University or School	**Accrediting Body**	**Accredited through**
ATSU	Higher Learning Commission (HLC) 230 South LaSalle St., Suite 7-500 Chicago, IL 6064	2020
ASHS	Commission on Accreditation of Athletic Training Education (CAATE) 6836 Austin Center Blvd., Suite 250 Austin, TX 78731-3193	2014
ASHS	Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) American Speech-Language-Hearing Association (ASHA) 2200 Research Boulevard Rockville, MD 20850-3289	2020
ASHS	Accreditation Council for Occupational Therapy Education (ACOTE) 4720 Montgomery Lane, P.O. Box 31220 Bethesda, MD 20824	2020
ASHS	Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) 12000 Findley Road, Suite 240 Duluth, GA 30097	2021
ASHS	Commission on Accreditation in Physical Therapy Education (CAPTE) American Physical Therapy Association 1111 North Fairfax St. Alexandria, VA 22314	2024
ASDOH	Commission on Dental Accreditation (CODA) 211 East Chicago Ave. Chicago, IL 60611	2015
KCOM	Commission on Osteopathic College Accreditation (COCA) American Osteopathic Association (AOA) 142 East Ontario St. Chicago, IL	2021
MOSDOH	Commission on Dental Accreditation (CODA) 211 East Chicago Ave. Chicago, IL 60611	Initial accreditation granted Aug. 2013; site visit March 2015
SHM	Commission on Dental Accreditation 211 East Chicago Ave. Chicago, IL 60611 (this is for the Dental Public Health concentration)	Site visit Spring 2015
SOMA	Commission on Osteopathic College Accreditation (COCA) American Osteopathic Association (AOA) 142 East Ontario St. Chicago, IL	2018

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1.3.b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

The following chart shows the MPH program's location within the A.T. Still University organizational structure.

Figure 1.3.b.1
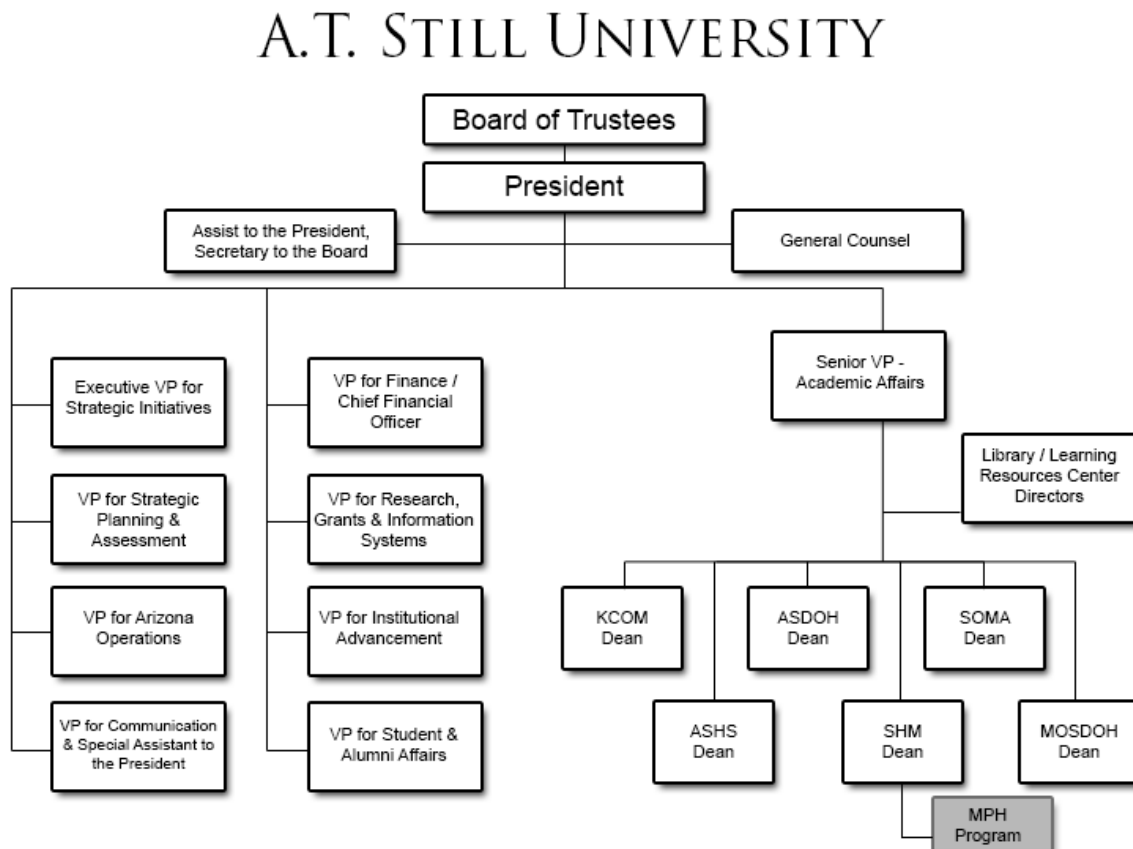
1.3.c. Description of the program's involvement and role in the following:

- **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising**
- **Personnel recruitment, selection and advancement, including faculty and staff**
- **Academic standards and policies, including establishment and oversight of curricula**

Budget and resource allocation

The MPH program enjoys budgetary stability, autonomy, and support through the University's budgeting process. It begins with the SHM Dean, who asks the Public Health Department Chair to forecast program needs for the upcoming year. This conversation includes a discussion regarding past successes and challenges, revenue versus expenses, and program viability. To meet instructional, developmental, and operational needs, resource requests are made by the Dean to the ATSU President and Vice President for Finance/Chief Financial Officer. Additional funds can be requested by the program throughout the year and provided with support from the Dean. For example, when undertaking this self-study process, the Dean supported hiring an accreditation consultant.

In the past, faculty levels were maintained as requested by the Public Health Department Chair, and faculty have received annual salary increases of 3-5%. The program is not required to raise research funds to cover faculty salaries or forecasted expenses. The SHM does not offer faculty tenure and there is no union. The program is tuition driven and no fund raising is conducted by the program or school. All fund raising is coordinated by the ATSU Development Office and Alumni Affairs. The SHM aims to return 30% of the net income back to the University for administrative functions, such as Registrar's Office, Controller's Office, and Human Resources. All other monies are used by the school/program to pay for operating expenses and indirect costs.

The ATSU President considers all budget requests by Deans on equal footing. The ATSU Board of Trustees approves the budget for each school.

Personnel recruitment, selection and advancement

Personnel recruitment is conducted in accordance with ATSU Policy 20-114, Recruitment, Hiring, and Placement of Faculty (Resource File 1-F). The Public Health Department Chair screens all applications, interviews candidates, and makes recommendations for hiring to the Dean.

During the annual review process, the Public Health Department Chair evaluates each faculty member according to the criteria in the promotion guidelines and makes recommendations to the Dean for advancement.

Academic standards and policies

The MPH Curriculum Committee is responsible for the academic standards and policies related to the MPH program. The Committee reviews every core course at least every three years and electives at least every five years.

The MPH program has been structured with a greater emphasis on teaching than research and service. In March 2013, changes were made to the teaching loads of full time faculty. The workload was reduced to two courses a quarter (from three) to accommodate research and service activities.

1.3.d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program

Not applicable – the ATSU MPH program is not a collaborative program.

1.3.e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation

Not applicable – the ATSU MPH program is not a collaborative program.

1.3.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

Strengths

The MPH program is housed within a school (SHM) and an institution (ATSU) that has demonstrated a history of stability. ATSU has established effective reporting structures and communication channels that have been supportive to SHM. The institution is accredited, and the MPH-Dental Public Health concentration has obtained additional accreditation through the Commission of Dental Accreditation for its Dental Public Health Residency program.

The MPH program has always recruited quality faculty with current or recent experience in diverse public health environments, dedicated to lifelong learning and quality teaching. The recent move to hiring full-time faculty is representative of the administration's support and provides additional stability for and dedication to the program. The move to full-time faculty also provides support for ongoing research, which will keep the program current in public health developments and will develop strong interdisciplinary and community partnerships.

Weaknesses

There are no weaknesses identified in this area.

Future Plans

In keeping with the mission of the University, which includes a focus on community health and underserved populations, avenues for increasing the joint degree programs with other schools within ATSU should be explored. As the University moves to a common calendar for all schools, MPH program courses may be utilized as elective credit for students in other programs of study.

Criterion 1.4: Organization and Administration

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

1.4.a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

The following chart shows the organization of the School of Health Management. The MPH program, under the direction of the Department Chair, Public Health, is one of three programs offered within the school. All support services, reflected on the left side of the chart, are shared by all programs.

Figure 1.4.a.1

SCHOOL OF HEALTH MANAGEMENT ORGANIZATION CHART
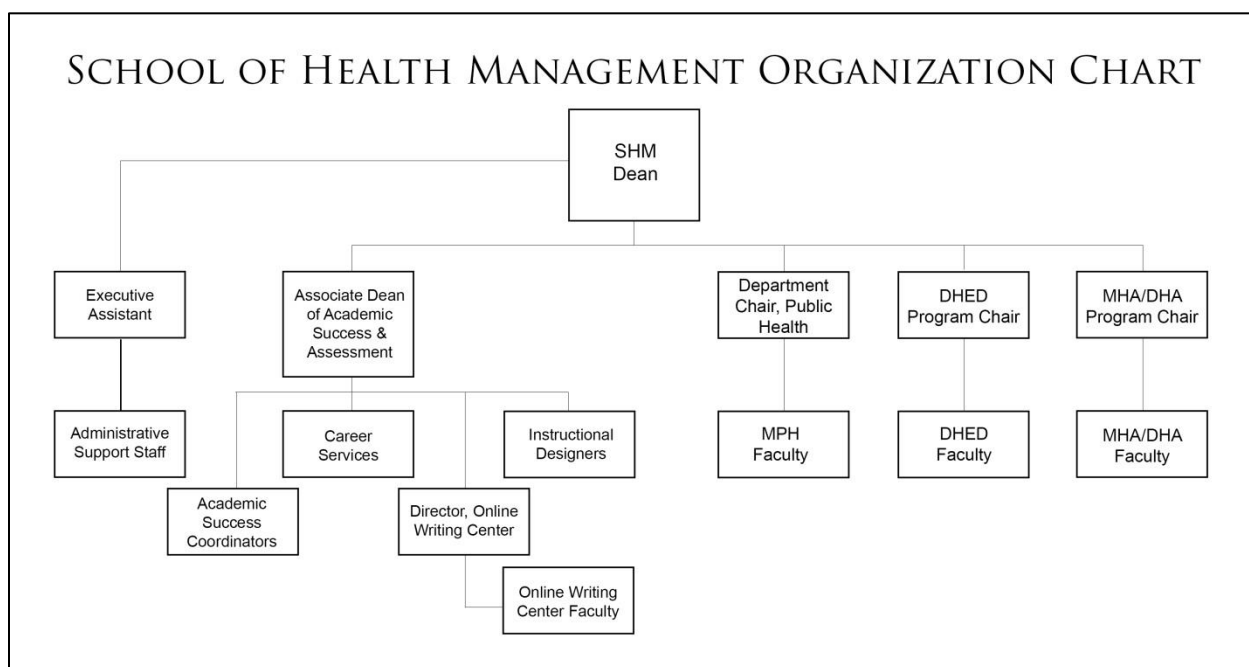
1.4.b. Description of the manner in which interdisciplinary coordination, cooperation, and collaboration occur and support public health learning, research, and service.

Learning

The MPH program draws on the services and expertise of personnel from other disciplines within the SHM. The full-time, core faculty members are part of the MPH program, while additional faculty from the Health Administration and Health Education programs teach subject matter in their areas of expertise for the MPH program.

The SHM administration makes adjunct faculty appointments for all programs, with input from the Public Health Department Chair and the Program Chairs. The pools of adjunct faculty support the professional nature of the MPH program and ensure that core and elective courses are taught by faculty with expertise in the fields of public health, health administration, and health education. This overlap of credentials helps ensure program stability as faculty membership changes due to professional career changes or public health crises.

Research

The MPH program supports interdisciplinary coordination, cooperation, and collaboration through the research and teaching activities of its diverse faculty. Faculty members have differing academic and research backgrounds, experience, and expertise. Other opportunities for interdisciplinary coordination occur between SHM and the other ATSU schools, particularly ASDOH and SOMA with whom SHM offers dual-degree programs.

The diverse backgrounds, experiences, and expertise of the full-time MPH faculty, combined with the backgrounds, experiences, and expertise of the faculty from the other disciplines in the SHM, provide a suitable research and learning environment for faculty and students.

Service

The MPH program calls upon the strengths of its diverse faculty to successfully implement service activities. Faculty members' individual strengths and interests are used in a service project with the North Missouri County Health Network (NMCHN) described in Criterion 3. Faculty members with expertise in data analysis and needs assessment have done some of the initial groundwork, while others with skills in intervention and training will work on service and training activities.

1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

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Strengths

The MPH program works cooperatively with other SHM programs to provide student exposure to health administration and health education faculty in the classrooms. Interdisciplinary public health practicum projects are encouraged and supported, using full-time faculty with a diverse array of interests and public health experiences to provide quality guidance to the students in such endeavors. Cooperative agreements with both ASDOH and SOMA allow students seeking DMD and DO degrees to pursue the MPH degree while they are at ATSU. These collaborations demonstrate the campus-wide respect for the MPH program.

Weaknesses

Some of the collaborations and alliances, such as that with the NMCHN, are in early stages and are not fully established at this point.

Future Plans

The MPH program recognizes the need to continually improve. Accordingly, the following efforts are in the development stage:

- The Associate Dean of Academic Success and Assessment is developing alliances with alumni for practicum placement, career services, and program advising.
- The Public Health Department Chair is exploring areas of collaboration with community partners, including using public health professionals in the development and review of courses in the MPH program.
- The MPH program will continue to work with the ATSU Office of Continuing Education to contribute to continuing education efforts for public health and medical professionals whenever appropriate.

Criterion 1.5: Governance

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

1.5.a. A list of standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.

Committee members are appointed by the SHM Dean near the end of each academic year. The Dean selects committee members based upon the needs of the committee and the strengths and interests of those chosen to serve. Student and alumni representatives may volunteer for committee appointments, or they may be nominated by faculty members. All committee appointments are for an academic year (July through the following June), with shorter appointments made to fill vacancies as needed.

Standing Committees

MPH Curriculum Committee

The MPH Curriculum Committee improves MPH courses, adopts new ways to present course content, and identifies new content to be included in the program. These efforts ensure the curriculum is relevant to the needs of those served and builds upon the body of public health knowledge. The committee serves as an advisory board to the University, to work to continuously improve the educational product that it offers, and to serve the needs of the student body.

The MPH Curriculum Committee meets quarterly and is composed of:

- the Public Health Department Chair,
- all full-time faculty members,
- two Instructional Designers,
- two Academic Success Coordinators,
- a representative from the Registrar's Office,
- the Associate Dean of Academic Success and Assessment,
- a current student representative, and
- an alumni representative.

Student and alumni representatives are appointed by the SHM Dean each academic year.

Current members of the MPH Curriculum Committee are: Mike Jackson (chair), Jeff Chaffin, David Line Denali, Jaana Gold, Jim Guillory, Greg Loeben, Michael Samuels, S.D. Shantinath, Mary-Katherine Smith, Andy Kottwitz,

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Sue McDaniel, Lee Bonnel, Marsha Presley, Deanna Hunsaker, Katherine Adler, Stephanie Browning, and Bernie Fellner.

Admission Committees

The Admission committees evaluate all applicants to the MPH program and make recommendations for admission. Each committee member completes a standard rubric for each applicant to the program and forwards it to the Public Health Department Chair. The chair then totals the rubric scores and provides a list of accepted students to the University Admissions Department.

Each committee is comprised of the Public Health Department Chair and two full-time faculty members. These committees met on an as-needed basis; generally once a quarter, but more often if needed.

The MPH Generalist Admission committee members are: Mike Jackson (chair), Jim Guillory, and Mary-Katherine Smith.

The MPH Dental Public Health Concentration Admission Committee members are: Mike Jackson (chair), Jaana Gold, and S.D. Shantinath.

SHM Faculty Council

All full-time SHM faculty members at the level of instructor or above who do not hold an administrative position are members of the Assembly of Non-Administrative Faculty. From this group, the SHM Faculty Council is chosen to represent the faculty in sharing concerns and ideas with the SHM Administration. The Faculty Council also shares ideas and concerns from the SHM Administration with the faculty. The Faculty Council assists the administration in formulating policies and reviewing decisions regarding promotion and tenure, faculty grievances, and unethical/unprofessional conduct for inclusion in the SHM Faculty Handbook.

The Faculty Council meets regularly every other month, as well as when needed. The Faculty Council consists of seven voting members (two of whom are MPH faculty):

- A full-time faculty member from each program within SHM (public health, dental public health concentration, health administration, and two from health education)
- One adjunct faculty member.

Current committee members from the MPH program are David Line Denali and Jaana Gold.

MPH Research Committee

The MPH Research Committee was formed September 2012 and meets monthly. Its members are responsible for making recommendations to the SHM Administration and Public Health Department Chair regarding strategic direction for developing research and policies to support research in the MPH program. A strategic plan (Resource

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File 1-G) has been written to systematically respond to the research and support needs determined by a faculty survey. This committee provides recommendations to the Dean about planning, developing, implementing, and assessing research by faculty and students. The committee ensures all research conducted is approved by the IRB and other institutional committees as required.

Current committee members are: Jim Guillory (chair), Jeff Chaffin, David Line Denali, Jaana Gold, Ashley Gunnels (staff), Greg Loeben, Marsha Presley (student representative), Mike Samuels, S.D. Shantinath, and Mary-Katherine Smith.

CEPH Committee

The CEPH Committee is charged with writing the CEPH self-study and creating the various processes and procedures to ensure attainment and continuation of CEPH accreditation of the MPH program.

The committee meets on a monthly basis, more frequently when needed. This committee is co-chaired by a faculty member and the SHM Dean (both of whom are former Public Health Department Chairs). Its membership consists of:

- the current Public Health Department Chair,
- five full-time faculty members,
- a current student,
- two MPH program alumni,
- a community member,
- five SHM staff members and
- the Associate Dean for Academic Success and Assessment.

Current committee members are: Don Altman (co-chair and SHM Dean), Michael Samuels (co-chair), Mike Jackson, David Line Denali, Jim Guillory, Greg Loeben, S.D. Shantinath, Mary-Katherine Smith, Ricky Nussle, Bernie Fellner, Sarah Spencer (alumnus who is also Associate Director, Admissions), Tedi Fladhammer, Lee Bonnel, Andrew Kottwitz, Sue McDaniel, Melissa Mullock, Marsha Presley (an ASC who is also an MPH student), and Katherine Adler.

In addition, an accreditation consultant has been hired to help guide the committee. Wendy Ringgenberg (previously) and Sylvia Furner (currently) have served in this capacity.

Ad Hoc Committees
MPH Competency Subcommittee

An MPH Competency Subcommittee was appointed to review the course competencies and update them as appropriate for the new curriculum.

This committee will meet every three years, more frequently as needed. It is composed of the Public Health Department Chair, four full-time faculty members, and an Academic Success Coordinator.

Current subcommittee members are: David Line Denali (chair), Mike Jackson, Jim Guillory, Marsha Presley, Michael Samuels, and Mary-Katherine Smith.

1.5.b. Identification of how the following functions are addressed within the program's committees and organizational structure:

- **general program policy development**
- **planning and evaluation**
- **budget and resource allocation**
- **student recruitment, admission and award of degrees**
- **faculty recruitment, retention, promotion and tenure**
- **academic standards and policies, including curriculum development**
- **research and service expectations and policies**

General program policy development

The Public Health Department Chair develops general program policy in consultation with the SHM Dean and full-time faculty and is responsible for the day-to-day application and resolution of general policy issues. The MPH Curriculum Committee and the SHM Faculty Council review policies and provide consultative advice.

Planning and evaluation

MPH faculty meetings and MPH Curriculum Committee meetings are used to discuss both short-range and long-range planning objectives for the MPH program. An accreditation consultant was hired to assist the program with the self-study and to review its short- and long-range plans.

Evaluation of program goals and objectives is done on an annual basis, with results shared with the various departments within the SHM and ATSU.

Budget and resource allocation

The Public Health Department Chair develops program-specific budget requests in consultation with MPH faculty and staff. These requests are submitted to the SHM Dean and then sent to the ATSU President's office for budget review and to the ATSU Board of Trustees for approval.

Student recruitment, admission, and award of degrees

All faculty members in the MPH program and the Public Health Department Chair engage in recruitment events, including presentations to groups in public health and health care, and displays at conferences and meetings of professional organizations. Brochures, websites, flyers, posters, mailings, face-to-face and telephone interviews with prospective students, and social media are used to recruit for the MPH program.

Admissions Committees review applications to the MPH program. The Admission Committees assess each applicant's motivation for becoming an MPH student, understanding of the rigors of the academic program, maturity, approach to technology, flexibility, commitment, open-mindedness, problem-solving skills, decision-making skills, and communication skills, in addition to the basic admissions requirements.

Records about applicants and their application materials are collected by the ATSU Admissions staff and forwarded to Public Health Department Chair for distribution to the Admission Committees. The committees then determine whether the applicant will be fully admitted, provisionally admitted, or rejected based upon the above stated requirements.

Once a student completes the required coursework for the degree, the ATSU Registrar's Office completes the degree audit and awards the degree.

Faculty recruitment, retention, promotion, and tenure

As a faculty position becomes available, the Public Health Department Chair requests permission from the SHM Dean to open a search for the position. A position description is prepared and forwarded to the ATSU Human Resources Department to ensure it is consistent with other position statements and adheres to Equal Employment Opportunity Commission (EEOC) and Americans with Disabilities Act (ADA) provisions. The Public Health Department Chair reviews all applications, conducts interviews, and makes a recommendation to the SHM Dean. The SHM Dean subsequently approves or denies approval for the recommended candidate and extends any offer of employment.

Faculty retention and advancement is governed by the SHM Faculty Handbook (Resource File 1-C).

Academic standards and policies, including curriculum development

The MPH Curriculum Committee has full authority over areas of curriculum development. Academic standards and policies specific to the MPH program are dynamic in nature and are reviewed regularly by the MPH faculty and the MPH Curriculum Committee. These standards are published in the SHM Student Catalog (Resource File 1-H and available online at http://www.atsu.edu/student_services/handbook/documents/SHMstudentcatalog.pdf).

Research and service expectations and policies

Research and service are primary faculty duties, along with teaching. One of the goals of the MPH program is to conduct scholarly research that advances public health knowledge. Research and service expectations of the faculty are established by SHM Administration with input from the SHM Faculty Council and the MPH Research Committee, and discussed with each faculty member during his or her annual evaluation with the Public Health Department Chair.

1.5.c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

ATSU does not have a formal written policy to govern the MPH program. Rights and obligations of faculty, students, and staff are informally included in each of the respective handbooks. The SHM administration has made every effort in the past to include faculty and staff input on committees and decision-making where applicable. An effort to include students in the process has begun in the time of this self-study and will continue to evolve and expand as opportunities are presented.

1.5.d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university

Faculty placement on University committees is done by appointment by the SHM Dean. All appointments are for an academic year. Faculty members are encouraged to serve on committees of interest to them whenever possible.

Table 1.5.1 Faculty Participation in University Committees	
University Committee	Faculty Member(s)
Faculty Senate	David Line Denali
Faculty Evaluation Committee	Jaana Gold
Continuing Education Advisory	Jim Guillory
Interdisciplinary Research Committee	Greg Loeben
Faculty Senate	Michael Samuels
Research and Strategic Planning Steering Committee	Michael Samuels
Library Users Group	S.D. Shantinath
Benefits Committee	Mary-Katherine Smith
IPEC Faculty Development Institution	Mary-Katherine Smith
Standards and Ethics Board	Mary-Katherine Smith

1.5.e. Description of student roles in governance, including any formal student organizations

As the MPH program evolves, a concerted effort has begun to engage the students by including them as members of various committees. The Public Health Department Chair is asked to identify potential students from the program who are in good standing academically and who will be an MPH student for the coming academic year. A list of students is generated, and those potential students are examined by the Public Health Department Chair and the appropriate Academic Success Coordinator. The Public Health Department Chair then informally asks the student if he/she is willing to serve. If yes, the Public Health Department Chair notifies the SHM Dean and an official letter of invitation is sent to the student. Committee appointments are made official each year on July 1 by the SHM Dean. To date, committees that have student representation are MPH Curriculum Committee, CEPH Committee, and the MPH Research Committee.

The MPH program has become more systematic in how it engages students in the governance process with committee appointments made each July 1. This structure has allowed the Dean and Public Health Department Chair time to evaluate potential students in time for the July 1 appointment. Beginning July 1, 2012, each of the three committees mentioned above increased student representation by appointing one MPH student to each committee.

The ATSU Student Government Association (SGA) sends out an annual email to all SHM students, soliciting those with a desire to participate on the committee. Following an application process, the SGA selects an SHM

representative to the SGA, in accordance with the SGA bylaws. The current SHM representative to the SGA is an alumnus of the MPH Dental Public Health concentration, currently studying in the Doctor of Health Education program.

1.5.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The organizational structure of SHM and the MPH program is strong, with clear lines of communication and responsiveness. The MPH program committees and procedures frequently assess the program's educational curriculum, faculty expectations, and student qualifications. These frequent assessments, along with support from the SHM administration, allow timely responses to identified areas of needed improvement and are vital in maintaining up-to-date and relevant educational experiences.

Weaknesses

Because the faculty complement of the MPH program is small, full-time faculty members normally serve on several committees simultaneously. The demand of serving on committees reduces the amount of time faculty members can devote to teaching and research.

Future Plans

The MPH program is formalizing student involvement, including student representatives on the MPH Curriculum Committee, CEPH Committee, and the Research Committee. The goal is to have students involved in all phases of the governance process by the end of the 2014-15 academic year. Students will continue an informal process of advocating for changes through the Academic Success Coordinators and the Public Health Department Chair.

The foundation for a practicum committee has been designed, and plans for staffing and sustaining the committee are progressing.

The Service Committee is being developed. Co-chairs have been appointed and all full-time MPH faculty members will be members. The committee has been charged to define and increase community service within the school and within the community at large. This committee is expected to function in a manner similar to the Research Committee by the mid-point of 2014-2015 academic year.

Criterion 1.6: Fiscal Resources

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

The School of Health Management operates primarily on tuition revenue. Tuition dollars are generated through the student enrollment for each session. Approval by the Board of Trustees is required to raise tuition rates more than 4% in any year.

As a revenue-generating entity, the school is responsible for maintaining enough revenue to be self-supporting. In addition, the school is asked to raise sufficient revenue to help support the non-revenue-generating University support departments. To accomplish this, each of the six schools at the University is allowed to maintain and utilize 70% of the annual increase in the revenue budget. No "taxes" or fees for services are paid to the University. No overhead costs are allocated to the six schools, so their budgets consist of actual expenses specific to the operating of each school. If revenue goals are not met, the University compensates for shortfalls rather than implementing program resource cuts.

Starting in the 2013 fiscal year, the ATSU President determined a percentage of a school's positive budget variance be placed in a designated account for each school. For 2013, this amount is 5%. The amount in the designated account can be used at the dean's discretion for improvements to programs for non-personnel related expenses. Monies not used annually can be carried over to the next fiscal year.

Negative budget variances are covered on a case-by-case basis. In recent situations, the Board of Trustees was asked to allow University reserves to be used to supplement budgeted shortfalls for a year while the school develops a plan to eliminate the shortfall.

Research monies are requested through the University budgeting process and are maintained in each school's budget.

The SHM participates in the university budgeting process. This process requires a balance between available program resources and necessary university resources. Provided the program is self-supporting, the University will allow the school to earmark sufficient funds to meet strategic and accreditation goals.

Projected revenue from each program is estimated based on tuition revenue. Employability, industry growth, and competing program enrollments are researched to determine appropriate enrollment goals. Possible enrollment goals are then weighed next to available funds to maintain an academically sound program. Current annual goals for the public health department are 160 students for the MPH Generalist program and 40 students for the MPH Dental Public Health concentration.

The school's strategic plan and accreditation standards establish resource needs. The following measures are used to assist with identifying expense designations.

- 1:10 faculty-to-student ratio in each classroom
- 1:150 Academic Success Coordinator (ASC)-to-enrolled students ratio

The University Writing Center (UWC) Director monitors UWC staff load and provides the SHM administration quarterly recommendations on necessary staffing needs to meet student demand.

Research and professional development are valued by the school. Resources are designated to both areas by balancing revenue, expenses, and desired presentations for the upcoming year.

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program.

The following table shows the revenue and expenditures of the MPH program for the past four academic years (2009-2010 through 2012-13) and the first half of the current academic year (2013-14).

Table 1.6.1 Sources of Funds and Expenditures by Major					
Source of Funds	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14***
Tuition & Fees	$2,990,008	$1,887,624	$1,372,059	$1,451,649	$716,641
University Funds	$846,830	$545,556	$415,391	$410,929	$198,782
Grants/Contracts	$0	$105,591	$155,136	$155,403	$77,568
Total	$3,836,838	$2,538,771	$1,942,586	$2,017,981	$992,991
Expenditures	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14***
Faculty Salaries & Benefits	$754,034	$513,204 ($75,000 grant)	$680,395 ($62,700 grant)	$690,472 ($62,700 grant)	$386,653 ($31,350 grant)
Staff Salaries & Benefits	$355,055	$256,633	$183,415	$240,144	$168,898
Operations	$659,984	$435,666	$331,620	$319,577	$157,854
Travel	$26,027	$33,660	$19,000	$16,397	$20,829
Student Support	$186,846	$109,890	$83,771	$91,352	$40,928
Total	$1,981,946	$1,349,053	$1,298,201	$1,357,942	$775,162

* 2013-2014 is for the first half of the fiscal year (July 1, 2013 – December 31, 2013). Numbers will be updated at the end of the fiscal year (July 2014).

- Tuition and fees were calculated by actual charges and collections.
- University Funds is the total of Operations and Student Support in expenses for MPH
- Faculty Salaries & Benefits & Staff Salaries & Benefits were calculated at a rate of 36% of SHM's total costs for these expenses. The 36% is MPH tuition divided by SHM tuition.
- Operations is MPH's percentage of institutional support expenses and Operations and maintenance of physical plant expenses. MPH revenue divided by ATSU tuition revenue to calculate a percent (approximately 1.5%).
- Travel is dollars spent by faculty and staff during the fiscal year.
- Student support costs used the same percent as described in Operations above.

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable – the MPH program is not a collaborative program.

1.6.d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 1.6.2 demonstrates that the MPH program is not exceeding the targets for fiscal resources. Student enrollment is approaching the goal and staffing needs will be addressed as enrollment increases.

Table 1.6.2 Outcome Measures for Assessment of Adequacy of Fiscal Resources				
Outcome Measure	Target	2011-2012	2012-13	2013-14
Students (MPH and Dental Public Health) – Head Count	300	316	242	257
Students (MPH and Dental Public Health) – FTE	150	170.4	121.1	70.6
Faculty – Full-time – Head Count	15	10	11	11
Faculty – Full-time – FTE	15	9.5	10	10
Faculty/Student Ratio – FTE	1:10	1:17.9	1:12.1	1:7.1
Program Expenditures	$1,500,000	$1,298,201	$1,357,942	$775,162
Program Expenditures/FTE student	$10,000	$7,619	$11,213	$10,980
Program Expenditures/FTE faculty	$100,000	$136,653	$135,794	$77,516

1.6.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

Strengths

The MPH program has a proven record of being a self-supporting and self-sustaining program. The collective financial assets of ATSU remain strong. These financial resources are fully sufficient to fund the MPH program at its current level and provide the necessary support for growth well into the foreseeable future.

Weaknesses

The financial viability of the MPH program would be strengthened by increasing student numbers.

Future Plans

In order to continue as a self-sustaining program, the number of students in the MPH program needs to remain consistent or increase. As the program's student-to-faculty ratio and staff-to-student ratio are within the stated target range, an increase in enrollment would be possible without causing the ratios to go beyond the target range.

Criterion 1.7: Faculty and Other Resources

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research, and service objectives.

1.7.a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration.

Table 1.7.1 shows the number of faculty in the MPH program. While faculty members are primarily associated with either the Generalist program or the Dental Public Health concentration, faculty members may be called upon to teach in either concentration as needed.

Table 1.7.1 Primary Faculty by Specialty/Concentration Area (programs) for the last three years			
	2011-2012	**2012-2013**	**2013-2014**
Headcount - MPH Generalist Faculty	6	7	7
Headcount - MPH Dental Public Health Concentration Faculty	4	4	4
Total Headcount MPH Program Faculty	10	11	11

1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information:

   a. **Headcount of primary faculty**

   b. **FTE conversion of faculty based on % time devoted to public health instruction, research and service**

   c. **Headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.)**

   d. **FTE conversion of other faculty based on estimate of % time commitment**

   e. **Total headcount of primary faculty plus other (non-primary) faculty**

   f. **Total FTE of primary and other (non-primary) faculty**

   g. **Headcount of students by department or program area**

   h. **FTE conversion of students, based on definition of FT as nine or more credits per semester**

   i. **Student FTE divided by regular faculty FTE**

   j. **Student FTE divided by total faculty FTE, including other faculty**

All program must provide data for a), b), and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. NOTE: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criterion 4.1.a (Template 4.1.1) and 4.1.b (Template 4.2.2).

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Specialty/Concentration Area

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
MPH Program (Generalist)										
2011-2012	6	5.5	18	3.8	24	9.3	118	67.5	12.3	7.3
2012-2013	7	6.0	20	2.6	27	8.6	77	43.5	7.3	5.1
2013-2014	7	6.5	8	1.4	15	7.9	80	29.1	4.5	3.7
MPH Dental Public Health Concentration										
2011-2012	4	4.0	21	3.6	25	7.6	198	102.9	25.7	13.5
2012-2013	4	4.0	19	2.3	23	6.3	165	77.6	19.4	12.3
2013-2014	4	3.5	14	2.6	18	6.1	177	41.5	11.9	6.8
MPH Program – TOTAL										
2011-12	10	9.5	39	7.4	49	16.9	316	170.4	17.9	10.1
2012-13	11	10.0	39	4.9	50	14.9	242	121.1	12.1	8.1
2013-14	11	10.0	22	4.0	33	14.0	257	70.6	7.1	5.0

NOTE: Faculty FTEs rounded to two decimals. FTE for primary faculty is 2 courses (8 credits) per term; FTE for other faculty is 3 courses (12 credits) per term.

Key:
HC = Head Count	Primary Faculty= Full-time faculty who support the teaching programs
FTE = FT-equivalent	Other Faculty= Adjunct, part-time, and secondary faculty
Total Faculty = Primary + Other	SFR = Student/Faculty Ratio

NOTE: CEPH Standard: Primary faculty are full-time university employees. Primary faculty spend a majority of time/effort (.50 FTE or greater) on activities associated with the MPH program. These activities must include regular responsibility for a public health class(es). Research and service effort should be included in the FTE if the project impacts the public health program and its students.

1.7.c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

Table 1.7.3 shows all the support staff positions for the MPH program. These positions have remained stable throughout the self-study period.

Table 1.7.3 Non-Faculty, Non-Student Personnel for MPH Programs			
Name	**Title**	**Job Function**	**FTE**
Aesha Turner	Administrative Assistant	Provides support for SHM Administration and Public Health Department Chair	.50
Lee Daniels	Academic Success Coordinator (ASC)	Provides support for MPH faculty and practicum students	1.0
Debbie Frazier	Administrative Assistant	Provides support for Public Health Department Chair, faculty, and staff	.50
Andrew Kottwitz	Instructional Designer	Provides course design services, faculty training, and support for the Learning Management System (Blackboard)	.33
Sue McDaniel	Instructional Designer	Provides course design services, faculty training, and support for the Learning Management System (Blackboard)	.33
Laura Harvey	Academic Success Coordinator (ASC)	Provides support for MPH faculty and students	1.0
Marsha Presley	Academic Success Coordinator (ASC)	Provides support for MPH dental concentration faculty and students	1.0
Elsie Rudd	Instructional Designer	Provides course design services, faculty training, and support for the Learning Management System (Blackboard)	.33
Beth Thompson	Instructional Designer	Provides course design services, faculty training, and support for the Learning Management System (Blackboard)	.33
Position open (formerly Aesha Turner)	HRSA Grant Coordinator	Works with dental students pursuing the dual degrees (DMD/MPH) by providing informational sessions and public health externship opportunities.	.20
Margaret Hoogland	Distance Support Librarian	Provides library support for MPH faculty and students	.40
11 people	Totals		5.92 FTE

1.7.d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

The MPH program's administrative offices are housed on the Kirksville campus. This includes office space for administrative support, instructional designers, and two ASCs providing academic support to students. On the Mesa campus, academic support is available to the dental concentration students via one ASC and one full-time faculty member, both of whom have offices in the ATSU/ASDOH administration space. The remaining full-time faculty members are located around the country. Faculty and committee meetings are held via conference call, Blackboard Collaborate, and Google+ hangouts.

The majority of the MPH program students are 100% online students, so classroom and laboratory space on the Kirksville campus, where the program is based, is not needed. The MPH Dental Public Health concentration students have residential dental courses on the Mesa campus and online MPH courses.

1.7.e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

Because the MPH program is an online program, laboratory space is not applicable to this program.

1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

Students and faculty in the MPH program are expected to own computers, or have frequent, regular access to a computer, and a reliable internet connection. Minimum expectations are stated in the admissions requirements and in each faculty member's employment contract, including a fully equipped home office. Administration and staff members have individual university-issued computers and internet connection available through the University. The IT Helpdesk is available 24 hours a day, seven days a week, to students, faculty, and staff. The helpdesk staff assists with support for the Blackboard learning management system and University services, such as email through Google.

The majority of faculty and staff members of the MPH program are subject to the guidelines of the ATSU Work-At-Home Policy, approved December 1, 2004, and reviewed July 1, 2008 (Resource File 1-I).

1.7.g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities, and document-delivery services.

The A.T. Still Memorial Library has two physical branches, on the campuses in Kirksville and Mesa. The online presence of the library, however, grows every year in proportion to the media, books, and study space available on each campus. The library provides online access to more than 19,000 e-journals, more than 150,000 e-books, plus numerous databases providing access to both health-related and general academic literature. Both library branches have strong document delivery services for obtaining articles not available online, with more than 90% of requested articles delivered in two days. The website also has a sophisticated discovery search service, which enables patrons to easily search the library's entire collection.

Evening assistance is available Monday through Thursday on both campuses in addition to having emails monitored and answered during the evenings and on weekends.

Recognizing the need to support and enrich the learning experience of students, Margaret Hoogland, MLS, was hired in May 2012 for the purpose of assisting all members of the School of Health Management. She does so by developing content for the websites, assisting faculty and staff with finding articles and using the library resources, providing regular overviews of the library website for new and returning students, and investigating ways to enhance the classroom experience for faculty and students. She works closely with her colleagues on both the Missouri and Arizona campuses to ensure not only that the voice of the distance students, faculty, and staff are heard, but that evidence or information content tailored to their program needs is provided.

Upon graduation, alumni have access to a limited portion of the library website and can obtain up to three articles a month at no charge. Library staff will also assist alumni in locating and accessing evidence or information and in effectively using the library's resources and services.

1.7.h. A concise statement of any other resources not mentioned above, if applicable.

Every course in the MPH program has links to resources for students, including links to APA resources, tips for searching for journal articles, instructions to improve web browser performance, and instructions for using a plagiarism prevention tool.

Within each course and the ATSU Portal, a link is also provided to the ATSU University Writing Center (https://sites.google.com/a/atsu.edu/online-writing-center/), which offers document review and writing assistance to all students in the university. Access to the Registrar's Office, Financial Services, and Learning Resources are also available to students through the Student Resources page.

1.7.i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 1.7.4 shows the outcome measures used to assess the adequacy of resources of the MPH program. In the 2011-12 academic year, Dental Public Health concentration numbers were high, which led to the faculty-to-student and ASC-to-student ratios being outside the target. Reallocation of staff resources brought those numbers back to an acceptable range in the 2012-13 academic year.

Table 1.7.4 Outcome Measures for Assessing the Adequacy of Resources				
Outcome Measure	**Target**	**2011-2012**	**2012-2013**	**2013-2014**
Faculty to Student Ratio (Generalist)	1:10	1:7.3	1:5.1	1:3.7
Faculty to Student Ratio (Dental Public Health concentration)	1:10	1:13.5	1:12.3	1:6.8
Faculty to Student Ratio – Total	1:10	1:10.1	1:8.1	1:5.0
ASC to Student Ratio (Generalist)	1:150	1:59.0	1:51.3	1:53.3
ASC to Student Ratio (Dental Public Health concentration)	1:150	1:198	1:110	1:118
ASC to Student Ratio – Total	1:150	1:105.3	1:80.7	1:85.7

1.7.j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The MPH program has an established faculty with excellent faculty-to-student ratios. The administration has provided consistent support for establishing and maintaining this quality standard. The MPH program provides excellent student support by maintaining adequate ASC-to-student ratios, and a high-quality team of support staff.

The administration supports continual improvement of resources. This support is evident in the recent move toward hiring full-time faculty members and simultaneously improving faculty-to-student ratios. Additionally, a career counseling position exclusively available for SHM students has been created.

Weaknesses

Because of the online nature of the program, many MPH faculty do not live near the Kirksville or Mesa campuses; it is therefore difficult for them to attend on-campus meetings of University committees.

Future Plans

As the MPH program grows and matures, additional qualified public health professionals will be sought as full-time or adjunct faculty. We will make an effort to hire faculty who live near Kirksville or Mesa so the MPH program has more of a visible appearance on campus and more involvement with University committees.

Criterion 1.8: Diversity

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

    i. Description of the program's under-represented populations, including a rationale for the designation.

    ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

    iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

    iv. Policies that support a climate for working and learning in a diverse setting.

    v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

    vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

    vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

    viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

    i. **Description of the program's under-represented populations, including a rationale for the designation.**

The MPH program is committed to diversity and cultural competence in learning, research and service practices. In 2011, the ATSU President created a task force to establish a University-wide plan for diversity among students, faculty, and staff. Diversity was defined as

> "understanding that each individual is unique. It is the exploration of these differences in ourselves and in each other within a safe and positive environment. It is about striving to move beyond tolerance to knowledge, attitudes and skills that demonstrate respect for the multiple dimensions of diversity contained within each individual."

The task force created six general goals:

1. Increase and build diversity throughout all levels of the University workforce
2. Provide the ATSU community with a culturally safe environment in which to learn and work

3. Continue to recognize ongoing best practice initiatives (SafeZone4All, Diversity Wheel) that already exist and work to offer these initiatives on both campuses

4. Increase the diversity in the student body throughout the University

5. Enhance curricular objectives and curricular content that validate the importance of diversity throughout all programs by building and mapping of the ATSU transferable skills, including cultural competence

6. Review admissions and financial aid process to assess current support of diversity goals

The MPH program is based on the Kirksville campus of ATSU in northeastern Missouri. The majority of the staff members employed there are representative of the predominantly Caucasian makeup of the area. This makes it challenging to find qualified staff members who are non-Caucasian. In the past, the SHM has had more males on staff; in recent years, the most qualified individuals for open positions have been females. The gender composition of the staff will continue to change as positions become open; however, efforts to recruit males to fill staff positions are needed.

Because the faculty members in the MPH program are not required to live near the Kirksville or Mesa campuses, opportunities for greater racial diversity exist. Again, while the most qualified candidates for open positions are hired, the Human Resources Department makes every effort to recruit a diverse candidate pool.

The SHM historically has one of the most racially diverse student populations in ATSU. It also enrolls more female students than most schools at ATSU. The table below shows MPH program and SHM numbers compared to overall ATSU numbers for non-Caucasian and female student enrollment.

Table 1.8.1 MPH Program & SHM Student Diversity Compared to Overall ATSU Student Diversity		
	% of Non-Caucasian	**% of Female**
2011		
MPH Program	31.8%	63.9%
SHM	49.0%	63.9%
ATSU	32.8%	56.9%
2012		
MPH Program	39.8%	63.8%
SHM	36.8%	63.8%
ATSU	29.2%	54.5%
2013		
MPH Program	37.0%	63.6%
SHM	34.3%	63.6%
ATSU	30.2%	55.1%

Table 1.8.2 Summary Data for Faculty, Students and Staff						
Group Category/Definition	Method of Collection	Data Source	Target	2011-12	2012-13	2013-14
STUDENTS Female	Self-Report	Admissions Form	60%	63.9%	63.8%	63.6%
FACULTY Female	Self-Report	Human Resources	50%	50.0%	45.5%	36.4%
STAFF Female	Self-Report	Departmental data	75%	88.9%	90.9%	90.0%
STUDENTS Non-Caucasian	Self-Report	Admissions Form	40%	31.8%	39.8%	37.0%
FACULTY Non-Caucasian	Self-Report	Human Resources	30%	20.0%	27.3%	27.3%
STAFF Non-Caucasian	Self-Report	Departmental data	15%	11.1%	9.1%	10.0%

ii.   **A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.**

ATSU has outlined an overall plan for increasing diversity and cultural awareness, based upon a report from the Diversity Initiative Task Force (Resource File 1-J). The MPH program, as part of the University, adheres to the pursuit of this plan. The report is available at http://guides.atsu.edu/print_content.php?pid=326240&sid=2669583. The general goals are to:

- Increase and build diversity throughout all levels of the University workforce,
- Provide the ATSU community with a cultural safe environment in which to learn,
- Continue to recognize ongoing best practice initiatives (safe zone, diversity wheel) that already exist and work to offer these initiatives on both campuses,
- Increase the diversity in the student body throughout the University,
- Enhance curricular objectives and curricular content that validate the importance of diversity throughout all programs by building and mapping of the ATSU transferable skills including cultural competence, and
- Review admissions and financial aid processes to assess current support of diversity goals.

ATSU has recently hired Dr. Clinton Normore as the Director of Diversity. His charge is to create an all-inclusive and diverse community within the University and work to achieve the general diversity goals listed above. ATSU has a nondiscrimination policy for the employment and learning environments (Resource File 1-K).

iii. **Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.**

The MPH program adheres to the University Nondiscrimination policy (Resource File 1-K). ATSU maintains a university-wide diversity policy that states:

> A.T. Still University does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age, or disability in admission or access to, or treatment or employment in its programs and activities. Harassment and retaliation are forms of discrimination prohibited by the University. (http://www.atsu.edu/policies/nondiscrimination_policy.htm).

The Director of Human Resources is responsible for responding to and monitoring all complaints of discrimination, harassment, or retaliation from employees. The Vice President of Student Affairs is responsible for responding to and monitoring all complaints of discrimination, harassment, or retaliation from students, members of the public, or beneficiaries. SHM refers students to the Vice President of Student Affairs and faculty members to the Director of Human Resources.

In 2011, ATSU began a SafeZone for All (SZ4A) program, which originated on the Mesa campus. The purpose of the SZ4A program is to create beacons, SZ4A Allies, whose role is to be visible ambassadors to ensure the campus climate feels safe, receptive, and accepting to community members, regardless of any human condition, characteristic, or circumstance that they may have.

A website has been established that lays out the purpose of the SafeZone for All program, identifies allies on each campus, and references various resources. Students, staff, faculty and members of the public can access the program's resources at http://www.atsu.edu/safezone/.

Dr. Marsha Presley, an ASC for the MPH Dental Public Health concentration, was in the first group of allies trained on the Mesa campus in April 2011. Dr. Presley is now the Intercampus Liaison for the program, and she collaborated with SHM's Associate Dean for Academic Success and Assessment, Dr. Katherine Adler, to establish the program on the Kirksville campus in July 2013. Drs. Presley and Adler currently serve as co-chairs for the Kirksville campus SafeZone for All program.

SHM staff and associated personnel that have joined as allies include Laura Harvey, ASC for the MPH program; Margaret Hoogland, distance support librarian; Sondra Sanford, SHM Career Services; Sarah Spencer, Associate Director for SHM Admissions; and Christy Baughman, SHM Enrollment Counselor. Christy Baughman is currently following the steps required to become a co-chair for the Kirksville campus SZ4A program.

Allies identify themselves to the students by posting a SZ4A placard on their office doors, wearing the SZ4A emblem, and including the SZ4A logo in their email signatures. We will offer annual ally training to any interested full-time faculty members at the 2014 annual meeting in Kirksville. In order for the program to work as intended, becoming an ally must be entirely voluntary and heartfelt. As such, neither the MPH program, nor SHM, will be

promoting the SZ4A program, nor will either be setting any goals for the number of allies trained. Promotion of the SafeZone for All program comes from the SZ4A Leadership via all-campus email and word of mouth.

iv.   Policies that support a climate for working and learning in a diverse setting.

The ATSU Student Handbook contains a section discussing principles for diversity. The University values the diversity that the students, faculty, staff, and administrators bring as reflected by gender identity, race, national origin, age, religious beliefs, social/economic background, sexual orientation, political beliefs, and disabilities. The University is committed to creating and maintaining an environment where persons can work together in an atmosphere free of all forms of abusive or demeaning communication and acknowledges the individual right of expression within the bounds of courtesy, sensitivity, and respect.

ATSU creates and supports a campus community that educates healthcare professionals who have a unique perspective and outlook on diversity, and value and appreciate its importance. ATSU seeks to improve the quality of life of faculty, staff, and students by developing and implementing policies and programs that support the ATSU philosophy on diversity. The University hopes to help students learn about the different cultures in society, understand that diversity, and actively seek to work with clients from varied cultures and backgrounds. This diversity-rich experience at ATSU adds value to our campus community.

The Human Resources site accessible to ATSU employees through the ATSU Portal (https://sites.google.com/a/atsu.edu/human-resources/) lists several policies relating to diversity, including:

- 90-101 Equal Employment Opportunity Policy (Resource File 1-L)
- 90-210 Prohibition of Discrimination, Harassment and Retaliation (Resource File 1-M)
- 90-324 Drug-Free & Alcohol-Free Workplace Policy (Resource File1-N)

v.   Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

Many of the MPH program courses enable students to learn about diversity. MPH 7800, the Public Health Practicum, requires that each student spend 240 hours "in the field." Many times this takes place in a state/county/local health department where a diverse population is served.

Additionally, the MPH Dental Public Health concentration requires students to take two courses in which they target a community in need of some sort of public health intervention: PUBH 7600: Community-Based Programs – Development and PUBH 7650: Community-Based Programs – Implementation & Evaluation. The first course (PUBH 7600) requires the student to complete a needs assessment on the chosen community, work with partners,

and develop culturally appropriate resources for implementation. The second course (PUBH 7650) requires the student to implement the project in the community.

Additionally, elective courses, such as SHMG 6000: Global Health Issues, enable the student to learn about issues and cultures of people around the world. A complete list of assessments from the MPH curriculum addressing diversity and cultural competence are shown in Table 1.8.3.

Table 1.8.3 Evidence of Diversity and Cultural Competence in the MPH Curriculum		
Course	**Name of Assessment**	**Description of Assessment/ Learning Objectives**
ENVR 6200: Environmental Health Sciences	M3 Cancer Prevention Tweets Discussion	In Healthy People 2020, the emphasis on cancer prevention strategies has focused on changes in personal or societal lifestyle. What habits, activities, job duties, etc. might expose you to an increased risk of developing a malignancy or chronic disease? Format your initial post in the form of three "tweets." Each tweet should include a reference to material not included in this module's Learning Activities that substantiates the risk in the activities you're discussing. Do not add supporting narrative to these tweets. Your initial post should be limited to the three 140 character tweets and your references. In your response to a peer's tweets, comment on one of three things: 1. How the epidemiological triangle relates to the topic (Module 2, Activity 2; Ferng, J-4 and J-5), 2. What Healthy People 2020 topics, objectives, and targets are associated with the form of cancer identified in the tweets, or 3. The appropriateness of the tweet - was it effective? well structured? understandable? content-appropriate? etc.
EPID 6100: Epidemiology	M5 Risk Discussion	Choose a public health issue and discuss absolute risk and attributable risk as they pertain to this issue. What implications do they have in developing programs to address this issue?
EPID 6100: Epidemiology	M6 Research Discussion	Choose an epidemiological study, summarize the study for your peers, then discuss the biases, confounding, and interaction present in the study. In response to your peers, discuss your thoughts on how the researchers handled these, and what you would or wouldn't have done differently to strengthen the study design.
EPID 6100: Epidemiology	M8 Ethical Issues Discussion	Choose two public health epidemiological studies and discuss some of the ethical issues present in these studies. One study must be a historical example and one study must be from within the past 10 years, and neither study should have been used by anyone else in this discussion. In response to your peers, share your thoughts on each study, what should have been done for it to be ethical, and what future "checks and balances" or policies should be in place to ensure that this form of unethical practice does not occur again.
PUBH 5050: Introduction to Dental Public Health	M3 Access to Care Discussion	Respond to one of the following prompts for your initial discussion post: 4. In Chapter 9, the authors propose various strategies for solving the access to care problem. Select and discuss one strategy for improving access to dental care. React to at least one strategy proposed by a classmate. 5. Discuss demand for care versus utilization of services. Is the public health problem lack of availability of services, or is it lack of a demand for services? Justify your answer.

Course	Name of Assessment	Description of Assessment/ Learning Objectives
PUBH 5050: Introduction to Dental Public Health	M3 Improving Access Discussion	Based on the information provided and your knowledge of public financing for dental care, evaluate the report published by the California HealthCare Foundation. If you were responsible for developing a plan to improve access to dental care for Medicaid recipients, outline strategies that you would consider (in addition to increasing reimbursement for care). Discuss the merits and challenges of each proposed strategy.
PUBH 5050: Introduction to Dental Public Health	M4 Dental Caries Discussion	Identify the causes and determinants of dental caries. Support your responses. How would you communicate this information to a specific group with the goal of reducing dental caries?
PUBH 5050: Introduction to Dental Public Health	M5 Health Literacy Discussion	Discuss how the ADA's Strategic Areas with the associated goals, objectives, and strategies may address disparities in health status. What specific area is of most interest to you? Describe how you could further your knowledge in health literacy and/or apply health literacy principles to your practice.
PUBH 5050: Introduction to Dental Public Health	M5 Health Literacy Paper	Use the resource in Learning Activity 2 entitled Attributes of a Health Literate Organization as a foundational piece for this 3- to 4-page paper. Part 1: Draft an introduction that outlines the importance of effective communication in achieving positive health outcomes. You may choose to use this section as a "call-to-action" to advocate for changes within the organization you will evaluate in Part 2 of this paper. Part 2: Evaluate the current health literacy of a health organization. Give specific examples to justify your analysis. This could be an organization where you have worked, shadowed, been a patient, or currently learn as a student. Part 3: Develop an improvement plan with specific strategies to increase the health literacy of the organization. Identify challenges in implementing the plan and any resources that would be necessary.
PUBH 5200: Fundamentals of Research in Public Health	M10 The Role of Research Discussion	What role do you feel research plays in today's society? How does it fit into your chosen career path?
PUBH 6700: Public Health Policy and Politics	M1 Immigration or LGBT Rights Paper	In 800 to 1200 words, write a speech to public health professionals on the impact of public health policy. The focus of the speech should be the issue of immigration or LGBT rights. For the immigration issue, the policies you should incorporate are the DREAM Act, Arizona SB 1070, and the United States Supreme Court ruling on Arizona v United States (2012). For the LGBT rights topic, the policies you should incorporate are Military service, the Defense of Marriage Act, and the Supreme Court case United States v. Windsor (2013). Use the Family and Medical Leave Act (FMLA) to illustrate your points and touch on the restrictions placed on these policies by the 10th Amendment. In other words, use these policies to answer the following questions for public health professionals: 1. Why are citizenship, legal status, and access to the courts considered determinants of health? 2. How does the 10th Amendment of the United States Constitution limit these factors?

Course	Name of Assessment	Description of Assessment/ Learning Objectives
PUBH 6900: Public Health Biology	M4 Deforestation Discussion	In 250 words or less, compare and contrast the benefits and negative consequences of cutting down trees in a national forest in the United States to deforestation in other countries, particularly those in the tropics where there are abundant rainforests. What role do trees play in protecting us from diseases and from climate change? What are the major driving forces leading to destruction of the forests in the United States vs. other countries? Compare the potential impact on human health in the two areas. Give an example of the broad class of human disease that these changes often lead to increasing in prevalence. What is the public health response to the increase in this disease category?
PUBH 6900: Public Health Biology	M5 Genetic Diseases Flyer	Prepare a one-page, tri-fold flyer that your local public health department could distribute to citizens of childbearing age to create awareness of genetic diseases and how the local public health department can help to screen for and prevent the birth of children with these diseases. Many of the people who receive the flyer will not know anything about genetics and genetic diseases, so you will need to provide them with some basic information, especially the role of genetic factors in susceptibility to and progression of disease. This flyer should be a general overview of multiple diseases and how to prevent them and the role of the local or state health department in this activity.
PUBH 6900: Public Health Biology	M4 Impact of Pollution Paper	In a two- to three-page paper, describe the impact of pollution on the environment and population health. To do this, do the following: Start by briefly describing the ecosystem in which you live. Describe what changes could occur in that ecosystem that would impact the larger ecosystem, leading to climate change and global warming. Provide a diagram that depicts this in pictures. Next, use climate change and global warming as an example of one of the extreme consequences resulting from changes to your ecosystem. Describe the potential impact that rising sea levels could have on world populations. To do this, examine a world map and make a list of 10 major urban centers located along the coastal areas of the world. Choose five cities from developed countries (only one from the United States) and five cities from undeveloped countries. Provide a paragraph putting the information into context. Provide a concluding paragraph that summarizes your findings and states how the changes will impact the health of the populations affected, noting any differences between developed and undeveloped nations. Analyze these cities based on the following questions: - What is the approximate population size of these cities? - How many people are likely to be displaced from their homes as sea levels rise? - Which nations will be most adversely affected due to scarcity of alternative living space? Why? Provide the results in a table listing the 10 cities in the rows with the information about them in the columns. Provide appropriate column headings. In the last column, list the references for each city.

Course	Name of Assessment	Description of Assessment/ Learning Objectives
PUBH 6900: Public Health Biology	M5 Genetics Discussion	In 250 words or less, provide an example of an environmental degradation that illustrates the axiom, "Genes load the gun but the environment pulls the trigger." Provide examples of environmental diseases that indicate this axiom is true. Does this axiom hold true in an ecosystem perspective? What do we mean by ecosystem perspective? How does it hold true?
PUBH 6900: Public Health Biology	M6 Toxic Substance Discussion	In 250 words or less, define and discuss toxicity and teratogenicity. How are they similar? Different? Briefly discuss the public health approach to the environmental carcinogens listed in your textbook readings. Provide examples of what your local or state health departments do to protect the population from these compounds.
SHMG 5200: International Health Policy	M2 National Response Presentation	Select and present a foreign nation's public health structure in PowerPoint format. Include information on the country's demographics (including race, poverty, history, migration, culture, etc.), economics, and governmental organization. After introducing the nation, profile its healthcare system, health issues, and public health system. Conclude with a review of the nation's health goals for the next decade and how these goals were derived. In some situations, there may be a void for these questions because of the "evolving" state of the government. If this is the case for the nation you selected, discuss the reasons for and impact of this void. As you work on this assignment, integrate the Systems Thinking Model from learning activities 7 and 8.
SHMG 5200: International Health Policy	M3 National Response Presentation	Post your M2 National Response Presentation; be sure to indicate the nation you selected in the title of your post. Review your peers' presentations, and compare and contrast what does and doesn't work in other countries. This is not intended to be a discussion on what is or isn't working in the United States.
SHMG 5200: International Health Policy	M4 NGOs Discussion	Post your M3 NGO Spreadsheet. Review the spreadsheets of your peers. In your first response post, focus on the content and context of the spreadsheet. Be sure to include positive points as well as areas that could be improved. For additional responses, discuss your thoughts on the impact of the NGO.
SHMG 5200: International Health Policy	M6 PolyEcon of Food Diagram	Develop a relationship diagram of hunger, obesity, political stability, land use, resource use, food stability, caloric value, nutritional value, economic value, and so forth. Below the diagram, discuss the relationships with relevant data in a paragraph or bullet format.
SHMG 5200: International Health Policy	M8 Acute Response Assignment	As noted in the reading, mental health is becoming the number one contributor to disability-adjusted life years (DALYs) internationally. In a two- to three-page paper, explain how this morbidity adds to the complexity of public health responses to natural and intentional disasters.
SHMG 6000: Global Health Issues	M1 MDGs and Health Determinants Discussion	Choose one of the following for your original post: 1. If so many governments are members of the UN, and if they have all signed on to the Millennium Development Goals, what obstacles have prevented the goals from being closer to their targets? 2. If you could pick one indicator to describe the health status of a poor country, which indicator would you use and why? 3. As countries develop economically, what are the most important changes that occur in their burden of disease? Why do these changes occur? 4. What is the demographic transition? Briefly explain the four stages of the demographic transition.

Course	Name of Assessment	Description of Assessment/ Learning Objectives
SHMG 6000: Global Health Issues	M1 Burden of Disease Paper	Select one low-income country and write a three- to four-page paper that describes at least three leading causes of the burden of disease in that country. Also identify at least three risk factors that contribute to the burden of disease. Make sure to include statistics and examples. Support your statements with at least two extra references from accredited sources.
SHMG 6000: Global Health Issues	M2 Global Health Article Discussion	Select an article from one of the sources listed below, and write a well-constructed, well-argued, 250-300 word discussion post related to the current global health issue presented in this article. 1. CDC stories (http://www.cdc.gov/globalhealth/stories/) 2. WHO Bulletin (http://www.who.int/bulletin/volumes/en/) 3. GAVI Alliance (http://www.gavialliance.org/library/news/immunisation-insights/) 4. Global Health Matters Newsletter (http://www.fic.nih.gov/NEWS/GLOBALHEALTHMATTERS/Pages/default.aspx) Please include a link to the article you have selected, and respond to the discussions posted by your peers.
SHMG 6000: Global Health Issues	M3 Ethics Discussion	Respond to one of the following for your original post: 1. Who should regulate biomedical or public health research in developing countries? The local Ethics Review Committees (ERCs) or the International Research Institution Review Boards (IRBs)? Why? 2. What would be the implications of including "lay" participants as members of the host country ERCs or international research IRBs? 3. Describe at least three ethical principles that were violated in the Tuskegee Study. 4. Explain the three ethical principles stated in the Belmont Report. Give an example of a research study and show how the three principles apply to it.
SHMG 6000: Global Health Issues	M3 Global Health Ethics Paper	In a two- to three-page paper, explain your personal views of the importance of ethics in a global environment. Use ethical principles and theories to justify your position. Support your statements with at least two extra references from accredited sources.
SHMG 6000: Global Health Issues	M4 Culture and Health Discussion	Respond to one of the following questions or prompts for your original post: 1. Why is it important to assess the relationship between culture and health in specific societies and whether or not these practices promote or discourage good health practices? 2. How does culture relate to people's perception of illness? Why would some cultures think of illness as "normal"? 3. Why would members of a community seek treatment for illness from traditional healers? 4. Describe one of the videos and explain what the role of culture is in spreading HIV/AIDS in Rwanda or in practicing female genital mutilation in several countries particularly in Africa.

Course	Name of Assessment	Description of Assessment/ Learning Objectives
SHMG 6000: Global Health Issues	M5 Culture and Health Paper	Watch one of the following movies. They are all available through Netflix or your local library: 1. A Walk to Beautiful (2007) – women with obstetrical fistulas in Ethiopia 2. The Greatest Silence: Rape in the Congo (2007) 3. Desert Flower (2009) – female genital mutilation 4. A Closer Walk (2003) – portrays the global impact of AIDS from Africa to Asia to Europe to America In a 2-3 page paper, write a review of the movie. You need to include the following components in your review: 1. A short summary of the movie 2. A description of the health issues portrayed 3. A description of health-promoting cultural practices (2-3 cultural practices) 4. A description of cultural practices that were harmful to health (2-3 cultural practices) A summary of the outcomes and the impact this movie had on your thoughts about global health issues and health systems.
SHMG 6000: Global Health Issues	M6 The Environment and Health Discussion	Respond to one of the following questions or prompts for your original post: 1. How are health, population, and environment related? 2. What are biodiversity hotspots and where are they located? 3. In what regions of the world would the burden from indoor air pollution be the greatest? Why? 4. Describe one of the videos and explain what Bangladesh has done to improve their sanitation system. 5. Explain the relationship between population, health, and environment through the project in the Philippines.

vi.   Policies and plans to recruit, develop, promote and retain a diverse faculty.

Consistent with the University's goal of educating students to become competent health care professionals, SHM seeks well-qualified public health professionals from across the United States who have diverse educational and experiential backgrounds.

The SHM administrators continuously seek a diverse instructor base by advertising open positions in national publications that reach a diverse audience.

vii.   Policies and plans to recruit, develop, promote and retain a diverse staff.

The University established a Diversity Committee in August 2011 whose members were appointed by the President of ATSU. The purpose of this committee was to look at strengths and weaknesses and to make recommendations related to diversity at the university level. This plan — the Diversity Initiative Task Force Report — was submitted in April 2012 (Resource File 1-J and online at http://guides.atsu.edu/print_content.php?pid=326240&sid=2669583).

The report includes goals for increasing and building diversity throughout all levels of the University workforce and developing a task force to work with the Diversity Affairs Officer.

viii.   Policies and plans to recruit, admit, retain and graduate a diverse student body.

SHM has a very diverse student body as described in Table 1.8.4. The Diversity Initiative Task Force Report cites goals to review admissions and the financial process to assess current support of diversity goals, establish a budget for training on diversity, establish target goals for diverse populations, establishing summer programs aimed at diversity populations, and investigating scholarships and an endowed chair that will promote diversity in the institution.

Regular evaluation of the effectiveness of the above-listed measures
The Public Health Department Chair meets quarterly with the Associate Director of Admissions to discuss long-range plans and recruitment goals for the program, including the goals for a diverse student population. At the annual SHM planning meeting, concerns are addressed, and improvements to the program are discussed and developed as needed.

1.8.b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Two of the six goals of the MPH program specifically mention diversity among students, faculty, and staff:

- Goal 1: The MPH program will strive to recruit and retain a student body representative of the nation's racial, ethnic and gender composition.
- Goal 4: Provide a quality, diverse faculty and staff committed to lifelong learning.

While continued efforts need to be made to increase faculty and staff diversity, the SHM student body is one of the most diverse in the University. Table 1.8.4 shows the number of students who apply, are accepted, and actually enroll in the MPH program for each of the past three years. The student demographics are broken down by gender and ethnicity and demonstrate a diversity of the MPH program student body.

Table 1.8.4 Demographic Characteristics of MPH Student Applicants/Matriculants

		2011-2012		2012-2013		2013-2014	
		M	F	M	F	M	F
African American	Applied	12	38	6	16	9	15
	Accepted	10	30	6	14	7	15
	Enrolled	8	26	6	13	5	12
Caucasian	Applied	40	63	29	45	23	36
	Accepted	22	45	19	31	23	36
	Enrolled	15	36	19	30	17	36
Hispanic/Latino	Applied	4	9	1	7	0	3
	Accepted	4	9	0	3	0	2
	Enrolled	4	7	0	2	0	2
Asian/Pacific Islander	Applied	13	23	5	11	8	9
	Accepted	9	22	2	11	8	9
	Enrolled	7	21	2	11	6	7
Native American/Alaska Native and Two or More Races	Applied	1	7	4	2	3	3
	Accepted	1	6	4	2	2	3
	Enrolled	0	5	3	2	2	1
Unknown/Other	Applied	7	11	5	8	3	7
	Accepted	7	9	3	4	3	7
	Enrolled	6	7	3	4	3	5
International	Applied	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
TOTAL	Applied	76	149	49	88	46	73
	Accepted	50	119	34	65	43	72
	Enrolled	36	99	33	62	33	63

Students in the MPH program are exposed to diversity and culture implicitly through interactions with their peers and explicitly through the content of the MPH curriculum. All MPH courses require participation in discussion forums, which allow students to share their experiences and knowledge from a variety of perspectives and geographic locations. Several courses also ask the students to work in groups to accomplish course tasks, creating a hands-on experience in diversity due to the diverse nature of the student body. In addition to gaining cultural competence and experience by interacting with students from diverse settings and backgrounds, specific assignments in MPH courses address health disparities, requiring students to research other cultures, the aged, the uninsured, and those living in poverty (see Table 1.8.2).

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

Policies are found in the faculty handbook and student catalog. The Human Resources (HR) office follows all EEOC guidelines and remains in compliance. The University also has a policy used by HR: 20-114 Recruitment and Placement of Personnel (Resource File 1-F). The MPH programs will be using the new Diversity Plan to continue to evaluate diversity.

1.8.d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

Currently, race and gender of SHM students are tracked quarterly by the Associate Director of Admissions, and these statistics are reviewed with the Associate Vice President for Admissions and Student Affairs twice a year. The SHM Dean and Department Chair receive a report annually and are then able to determine if recruiting activities need to be altered. No alterations have been needed to date.

Every term, demographic information for each new entering student is entered into the university's data system; the data are exported by the SHM and shared with Chairs. The Public Health Department Chair receives the data related to sex, race, gender, age, and ethnicity of students in the program. The numbers are analyzed to make sure that the student body remains a diverse student body. Online programs were founded on the premise that they could reach a more diverse population: working adults, minorities, and people living in rural areas. This is the case with the MPH program.

Should those numbers change to reflect a less diverse student body, the Department Chair will meet with the SHM Dean to discuss marketing and communication endeavors, as well as admissions processes to look for ways to reach a more diverse group of potential students.

1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

The data in Table 1.8.5 show that the MPH program is meeting its targets for diversity in the student body and in the faculty. However, there is a gap between the targets and the actual percentages of non-Caucasian and women staff members. The main office of the MPH program is located in Kirksville, Missouri, where the demographics of the area are primarily Caucasian.

Table 1.8.5 Summary Data for Faculty, Students and/or Staff						
Category/Definition	**Method of Collection**	**Data Source**	**Target**	**2011-2012**	**2012-2013**	**2013-2014**
Percentage of students who are female	Admission application	Registrar	60%	63.9%	63.8%	63.6%
Percentage of students who are of a race other than Caucasian	Admission application	Registrar	40%	31.8%	39.8%	37.0%
Percentage of faculty who are female	Employment application (voluntary submission)	HR	50%	50.0%	45.5%	36.4%
Percentage of faculty who are of a race other than Caucasian	Employment application (voluntary submission)	HR	30%	20.0%	27.3%	27.3%
Percentage of staff who are female	Employment application (voluntary submission)	HR	75%	88.9%	90.9%	90.0%
Percentage of staff who are of a race other than Caucasian	Employment application (voluntary submission)	HR	15%	11.1%	9.1%	10.0%

1.8.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

Strengths

SHM abides by the policies established by the University and is outlined in the Faculty Handbook and Student Handbook.

The ATSU Human Resources Department seeks to recruit and hire the most qualified candidate possible. In order to help with the diversity of faculty and staff, the new Diversity Plan addresses the issue in detail. The future diversity of the MPH program will be enhanced even more once the Diversity Plan for the institution is fully implemented and metrics are collected so that data-driven decisions can be made. Portions of the plan are already in place, while others are targeted for implementation later in 2014 and in 2015.

Another strength of the MPH program is that students of all races and incomes are more likely to afford the program, as they do not need to quit their jobs or incur moving expenses to attend classes. The MPH program continues to be one of the most diverse programs at the University. The program's diversity will continue to be evaluated annually.

While the MPH full-time faculty is predominantly Caucasian, there is some ethnic diversity.

Weaknesses

The Diversity Plan is new, and portions of it will continue to be implemented through 2015.

The MPH staff is predominantly Caucasian. The lack of diversity in the geographic location of the Kirksville campus makes it challenging to find ethnically diverse applicants for staff positions. The SHM staff is also predominantly female. More effort needs to be made to recruit males to fill open staff positions as they become available.

Future Plans

The SHM has a permanent position on the Diversity Committee and administrators are constantly aware of progress and changes being made on a University level. Hiring and Admissions Committees will continue to look for the best possible employee/student.

The MPH program will continue to advertise open faculty positions in national publications that reach a diverse, trained, public health professional audience, and will look for additional publications, associations, and networking opportunities to reach potential applicants.

Criterion 2: Instructional Programs

Criterion 2.1: Degree Offerings

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

2.1.a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

The MPH program has joint degree partnerships with the School of Osteopathic Medicine in Arizona (SOMA) and the Arizona School of Dentistry and Oral Health (ASDOH). The SOMA partnership offers DO students the opportunity to receive instruction in public health and earn the MPH degree simultaneously with the DO degree. The first cohort of SOMA students was accepted in Summer 2012. The ASDOH partnership offers DMD students the opportunity to earn the MPH degree simultaneously with the DMD degree. The first cohort of ASDOH students began MPH courses in the Winter Term 2008. The partnerships with SOMA and ASDOH produce graduates subject to the same assessment procedures as all other MPH students.

All programs in the SHM, including the MPH program, are offered only in online format. There are no residential courses in the MPH program.

Table 2.1.1 MPH Program Degrees and Areas of Specialization	
Master's Degrees	**Professional**
MPH (Generalist)	X
MPH (Dental Public Health)	X
Joint Degree Programs	
MPH (Generalist) for SOMA DO students	X
MPH (Dental Public Health) for ASDOH DMD students	X

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2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

Details about the MPH program and its degree are available on the ATSU website: http://www.atsu.edu/master-of-public-health-degree. These web pages include a link to the Program Guides (Resource Files 1-A and 1-B), which list all courses required for the MPH program and the elective courses available. The course description for each course is also available.

2.1.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The MPH program focuses on educating and preparing public health professionals to be leaders in their fields, including students in ATSU's dental and doctor of osteopathic medicine programs, through partnerships with the ASDOH and SOMA schools. This allows students pursuing these professional degrees to develop a knowledge and appreciation of public health perspectives that will benefit their future patients and communities.

A detailed list of the course requirements for the MPH program and the descriptions of the courses are readily available to current and prospective students through the ATSU website.

The courses in the MPH program meet our mission of educating and preparing public health professionals to be leaders in their fields. The core courses provide a solid public health foundation for our graduates and prepare them to meet modern challenges in a variety of public health domains. The electives offered in the program present a broad choice of supplemental public health instruction. All of the courses are taught by qualified faculty with extensive public health experience that they bring into the classroom.

Weaknesses

No weaknesses have been identified in this area.

Future Plans

ATSU has recently opened a dental school in Missouri (MOSDOH); a similar partnership with the MPH Dental Public Health concentration will be initiated during Fall 2014.

Criterion 2.2: Program Length

An MPH degree program or equivalent professional master's degree must be at least 42 semester-credit units (56 quarter-credit units) in length.

2.2.a. Definition of a credit with regard to classroom/contact hours.

Each course in the MPH program is four quarter-credit hours, except for the Public Health Practicum, which is eight quarter-credit hours and includes 240 required hours of service and a culminating paper. Credit hours are assigned based on overall expectation of student workload in each course. During each 10-week course, students are expected to spend 10-15 hours weekly on assignments and activities.

2.2.b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix.

The MPH program requires students to complete 64 quarter-credit hours (or quarter-credit units) of coursework, including the eight quarter-credit hour Public Health Practicum. Details on how the courses are organized (by core courses, concentrations, and electives) are available in the MPH Academic Degree Planners available to students through their Academic Success Coordinators. These are also in the Resource Files 2-A, 2-B, and 2-C.

2.2.c. Information about the number of professional public health masters degrees awarded for fewer than 42 semester credit unit (56 quarter-credit units), or equivalent, over each of the last three years. A summary of the reasons should be included.

The current curriculum was implemented in Spring 2011, with additional updates and improvements made in Fall 2013 and Spring 2014. No one enrolled in the 64-credit-hour program has been allowed to graduate without the full 64 credits. Three students are still working from older program versions that do not include the practicum. All older program versions that still have active students in them have 60 quarter-credit hours, and no one has been allowed to graduate with less than the required total 60 quarter-credit hours.

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2.2.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

All students graduating from the MPH program (including the Generalist and Dental Public Health concentrations) meet the CEPH 56 quarter-credit requirement.

The current MPH curriculum requires 64 quarter-credit hours that includes a practicum. Students admitted prior to the Spring 2011 term are grandfathered in under the 60 quarter-credit hour curricula in which they originally enrolled. Students who are not registered in classes for two or more quarters are required to apply for re-entry into the program and, if accepted, are required to re-enter into the newest curriculum.

Weaknesses

No weaknesses have been identified in this area.

Future Plans

The MPH Curriculum Committee will continually monitor the curriculum and make recommendations for changes, including any changes in the number of credit-hour requirements, as needed.

Criterion 2.3: Public Health Core Knowledge

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

All MPH students take five courses, each of which focuses on one of the five core knowledge areas of public health. The actual courses vary slightly, depending upon the concentration in which the student is enrolled, but map to the core competencies identified for the MPH program. These courses are similar to one another, but may include learning activities and assessments tailored for the students' professional preparation. For example, BIOS 7000 and BIOS 7050 are similar, but BIOS 7050 includes readings and assessments tailored to dental examples. MED 620 and MED 621 map to the core competencies for epidemiology and biostatistics.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for the MPH Generalist Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	BIOS7000: Biostatistics	4
Epidemiology	EPID6100: Epidemiology	4
Environmental Health Sciences	ENVR6200: Environmental Health Sciences	4
Health Services Administration	MHAD 6200: Administration of Health Care Organizations	4
Social & Behavioral Sciences	HLTH6500: Health Education Concepts	4

Table 2.3.2 Required Courses Addressing Public Health Core Knowledge Areas for the MPH Dental Public Health degree and the MPH DMD Joint Degree Program

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BIOS7050: Biostatics for Dental Research	4
Epidemiology	EPID6150: Dental Epidemiology	4
Environmental Health Sciences	ENVR6200: Environmental Health Sciences	4
Health Services Administration	MHAD 6200: Administration of Health Care Organizations	4
Social & Behavioral Sciences	HLTH6400 Behavior Sciences and Educational Concepts	4

Table 2.3.3 Required Courses Addressing Public Health Core Knowledge Areas for the MPH Generalist Joint Degree with SOMA DO

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	MED621: Biostatistics and Preventive Medicine	Transfer 4 credit equivalency
Epidemiology	MED620: Epidemiology	Transfer 4 credit equivalency
Environmental Health Sciences	ENVR6200: Environmental Health Sciences	4
Health Services Administration	MHAD 6200: Administration of Health Care Organizations	4
Social & Behavioral Sciences	HLTH6500: Health Education Concepts	4

Syllabi and course descriptions for the courses listed in the tables above are available in the Resource File 2-D.

2.3.b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

All students completing the MPH program are required to take courses that address the five areas of public health knowledge. New competencies were developed in 2012 and mapped to all courses. Core courses are reviewed every three years for relevancy.

Weaknesses

No weaknesses have been identified.

Future Plans

The MPH Curriculum Committee will continue reviewing, analyzing, and adapting courses in the MPH curriculum to ensure the contemporary educational needs of public health students are met, and that the MPH students will have a clear, thorough, and practical understanding of the five core areas of public health.

Criterion 2.4: Practical Skills

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

2.4.a. Description of the program's policies and procedures regarding practice placements, including the following:

- **selection of sites,**
- **methods of accepting preceptors,**
- **opportunities for orientation and support for preceptors,**
- **approaches for faculty supervision of students,**
- **means of evaluating student performance,**
- **means of evaluating practice placement sites and preceptor qualifications, and**
- **criteria for waiving, altering or reducing the experience, if applicable.**

All MPH students are required to take PUBH7800: Public Health Practicum. This course requires completion of a project in an approved, supervised public health setting that emphasizes evaluation and service delivery planning or operations, resolving a management problem, or evaluating a program component. This is an eight-credit-hour program requiring 240 hours of service experience (contact time) in a public health environment, directly supervised on-site by a public health professional (Practicum Preceptor), as well as remotely by a Practicum Faculty Advisor who oversees the student's practicum experience. The Practicum Faculty Advisor may be any full-time MPH faculty member.

A Practicum Coordinator was hired in January 2013 to assist students with the practicum process. An ASC has been designated to assist the Practicum Coordinator in the tracking of students in the practicum course. This ASC maintains records to track practicum students' progress and copies of all required documentation for each student.

The practicum is a service learning experience, gained through first-hand participation and operational responsibility for a supervised project in a public health or health services organization. In addition to gaining some breadth of exposure and knowledge within the host organization, students must identify and work to produce a deliverable outcome, such as solution of a specific management problem or policy issue, preparing a business plan, evaluation of a program, creating and providing education to a constituency, and so forth.

Examples of practicum service experience projects have included designing a workforce wellness program for a local health department, assessing the effectiveness of an immunization initiative, and a needs assessment for an educational program for mothers of toddlers and infants about oral health and the prevention of early childhood caries (See Table 2.4.1).

Students obtain information and guidance about the practicum in the MPH Practicum Guide (Resource File 2-E), located in the Practicum Forms section of the online course.

Selection of Sites

Selecting a practicum site is a joint activity involving the individual student, the Practicum Coordinator and the Practicum Faculty Advisor. Because this is an online program and students are dispersed geographically, the student bears the ultimate responsibility to secure a practicum site and Practicum Preceptor. However, in practice, a student works in collaboration with the Practicum Coordinator and a Practicum Faculty Advisor to locate a practicum opportunity that best matches his or her professional goals and is within reasonable geographic proximity. This collaboration usually involves discussing a student's interests, possible sites in his or her location, the adequacy of resources at particular sites, how to approach and engage those sites, and sometimes contacting and communicating with potential sites and preceptors on behalf of a student. Students also will contact the Practicum Coordinator and/or Faculty Advisor asking for recommendations of potential sites that these faculty members are familiar with or students have previously used. A record of previous sites and preceptors is available on the course website. A student also has access in the Practicum Forms section of the course to a Letter of Introduction from the Practicum Coordinator addressed to the prospective practicum site, as well as a Practicum Guide for Preceptors.

Once a site is selected, the Practicum Coordinator works closely with a student and a site to establish a Memorandum of Agreement (MOA). The MPH program has its own model document (Resource File 2-F), available on the Practicum Forms section, but the Practicum Coordinator may modify it or use an agreement template or document that is standard for the practicum site.

Students are allowed to complete practica at their current public health-related places of employment only under limited circumstances. In such situations, it is required that the student's Practicum Preceptor be someone who is not a current supervisor of the student, that the practicum project cannot entail work that is a current job responsibility of the student, and that the practicum hours must be separate from the student's paid employment time.

Methods for Accepting Preceptors

Practicum Preceptors are required to submit a resume or *curriculum vitae* or complete and submit the program's Preceptor Credentials Form available to a student in the Practicum Forms section. Potential Practicum Preceptors are vetted and approved by the Practicum Coordinator based upon qualifications and appropriateness for a student's practicum proposal. Preceptors must possess, at a minimum, a master's degree in public health or a closely related field, or substantial and sufficient academic and professional experience, along with appropriate current job responsibilities and familiarity with the site and public health issues of a student's practicum. All Practicum Preceptors must have qualifications that are appropriate for the proposed goals and competencies addressed in the practicum. All Practicum Preceptors must be available to work with students and be interested in doing so. In

addition, the Program Coordinator may contact a potential site Preceptor prior to the project's approval to discuss the role and resources.

Opportunities for Orientation and Support for Preceptors

Each Practicum Preceptor is provided a copy of the MPH Guide for Preceptors (Resource File 2-G), which outlines the responsibilities and expectations. New Practicum Preceptors are contacted by the Program Coordinator either via phone or email to provide guidance and answer any questions the preceptor may have. Practicum Preceptors are provided contact information for the Program Coordinator and the Faculty Advisor, and are encouraged to reach out at any time with questions or information. Faculty Advisors send the Practicum Preceptor a monthly email to maintain contact and inquire about the student's progress and the Preceptor's needs and perceptions. In addition, the Preceptor and the Faculty Advisor must both sign the Practicum Proposal Approval Form (Resource File 2-H) prior to a student counting hours for the practicum. This usually entails communication between the Faculty Advisor and a Preceptor about the scope of the project and increases a Preceptor's ability to communicate with the program as necessary. Occasionally, the Program Coordinator will contact a Preceptor during the practicum for updates and offer support.

Preceptors are also asked to provide feedback on their experience by completing a Preceptor Evaluation Form (Resource File 2-I) at the end of the practicum. This information is used to improve support to future preceptors.

Approaches for Faculty Supervision of Students

During a practicum, supervision of students is a collaborative effort among the Preceptor, the Faculty Advisor, and the Program Coordinator. The Faculty Advisor sends a monthly email to the student to establish a minimum degree of interaction. Students are required to submit a field log, and it is up to the Faculty Advisor to establish the frequency. Most require logs monthly, some expect them weekly. In addition, the Program Coordinator is also a faculty member who tracks student progress and will contact students at least every block during the yearlong time frame to ask for an update and offer encouragement or help.

The Faculty Advisor and the Practicum Coordinator supervise the students by:

- ensuring proper documentation is completed,
- helping students identify sites, preceptors, areas of interest, and project topics,
- advising and refining project proposals,
- communicating during the project to answer questions or address issues,
- providing feedback and guidance on writing of final project reports, and
- determining if IRB review of the project is necessary and helping the student complete this application and process if required.

Faculty members have monthly departmental meetings where issues and best practices about supervising practicum students are discussed. The Practicum Coordinator regularly interacts with individual faculty members and or the

faculty as a group to discuss and provide guidance about supervising practicum students. In addition, faculty members are included in discussions about the development and implementation of new policies or procedures concerning the practicum (e.g., the extension request policy described on page 83).

Means of Evaluating Student Performance

Students have one calendar year to complete the practicum, which is offered pass/fail. A student receives an "Incomplete" grade at the end of each academic block throughout the year of enrollment. A student may complete the practicum prior to the one-year deadline. The following must be complete before a student receives a grade of Pass:

- All required forms/logs as specified by in the course must be submitted and complete
- Students are evaluated by the preceptor on the Preceptor Evaluation Form, which is also reviewed by the Practicum Faculty Advisor when complete
- A final report must be submitted and approved by both the Faculty Advisor and the Practicum Preceptor, who each must sign a Practicum Approval Form
- An oral presentation must be made to both the Faculty Advisor and the Practicum Preceptor.

The oral presentation is delivered at the end of the practicum. It is a summary and explanation of the project and work completed. It must be presented to both the Practicum Preceptor and the Faculty Advisor. The synchronous presentation may be delivered one time to both people, or delivered twice, to the Preceptor and Advisor individually. The oral presentation must include some sort of visual presentation (e.g., PowerPoint). Examples of these presentation materials are included in the Resource File 2-J.

The Faculty Advisor determines whether the student performance passes or fails, based on a standardized grading rubric (Resource File 2-K). This rubric is available on the Blackboard course site and is also provided to faculty directly.

Means of Evaluating Practice Placement Sites and Preceptor

Practicum sites and preceptors are evaluated at the end of the practicum, when students complete a Practicum Student Evaluation Form (Resource File 2-L), which is reviewed by the Practicum Faculty Advisor and Public Health Department Chair when complete. It asks a student to evaluate the practicum experience and provide feedback on ways to improve the practicum or the relationship with the site or preceptor.

Sites and preceptors are informally evaluated through student feedback to the Faculty Advisor and/or Practicum Coordinator, as well as through the interactions that the Faculty Advisor and the Program Coordinator have with the site and Preceptor during the practicum.

The MPH program maintains a list of all previous practicum sites and preceptors that is available to students once enrolled in the online course. If there are concerns about a previous placement site or preceptor, that information is

not published but is addressed, as necessary, with any student that seeks to use that site or preceptor. To date, no site or preceptor issues have been brought to the attention of the Practicum Coordinator.

Criteria for Waiving, Altering, or Reducing the Experience, if Applicable

Students may apply for up to a single 10-week extension of the practicum course. To do so, they must complete and submit the Practicum Extension Request Form (Resource File 2-M). Approval of the extension requires extenuating circumstances that have adversely affected a student's ability to complete the practicum in the one-year time frame. The Faculty Advisor and the Program Coordinator must approve the extension request. Any other request to alter or reduce the experience must be presented in writing and approved by the Public Health Department Chair. No student will be allowed to waive the practicum.

2.4.b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years

Table 2.4.1 includes all the Practicum sites and Preceptors used by students in the MPH program, along with each student's Faculty Advisor. These practicum sites cover a broad range of public health agencies.

Table 2.4.1 Agencies and Preceptors Used for Practica Experiences by Specialty Area				
Academic Year	Student	Practicum Site	Preceptor	Faculty Advisor
MPH General				
2012-13	Alexander Aw	American Red Cross	Janette Gomez	Mary-Katherine Smith
	Brianna Barbosa-Angles	American Osteopathic Association, Chicago	Nick Schilligo	Jim Guillory
2013-14	Sarah Spencer	Missouri Department of Mental Health, Kirksville Regional Office	Linda Bowers	Michael Samuels
	Ashley Clarke	American Diabetes Association	Carol Helms	Jim Guillory
	Powela Jombai	Loving Tender Pediatrics	Griselda Grullon	David Line Denali
	Lucson Joseph	American Diabetes Association (Atlanta/North Georgia region)	Cheryle Ward	Jim Guillory
	Tangela Rone	Gift of Life Foundation	Saundra Ivey	S.D. Shantinath
	Theresa Majeski	Wisconsin Division of Public Health	James Vergeront	Mary-Katherine Smith
	Timothy Griffith	North Carolina Consumers Council, Inc.	Matthew Oliver	David Line Denali
	Danielle Deegan	Meadville Medical Center	Carol Encarnacion	Mary-Katherine Smith

Academic Year	Student	Practicum Site	Preceptor	Faculty Advisor
MPH General (continued)				
2013-14	Julie Herrmann	University of North Texas Health Science Center	Richard Kurz	Mary-Katherine Smith
	Kuku Rahem Mulatu	World Vision (Zambia)	Clement Chipokolo	Michael Samuels
MPH Dental Public Health				
2012-13	Sarah Arafat	University of Texas Health Science Center of Houston – School of Dentistry	June Sadowsky	Jaana Gold
	Elizabeth Chartier	Cannon AFB Dental Clinic	Maj. James Thompson	Don Altman
	Maryam Rahbari	Seminole County Health Department/SCHD WIC Program	Joyce Pellar / Patricia Lemm	Jaana Gold
	Dahlia Selim	Family Dental Care of South Minneapolis	Omar Issa	Jaana Gold
	Danelle Beale	Health and Wellness Center, Kandena AFB	Christie Cornell	David Line Denali
2013-14	Robert MacArthur	Pan American Health Organization	Saskia Estupian-Day	Don Altman
	Tanvi Patel	Esperanca/Spear Open Wide Foundation / The Spear Education Scottsdale Center for Dentistry	Charity Crawford	Michael Samuels
	Briana Boswell	Scott County Health Department	MaryBeth Wood	Don Altman
	Priya Malik	Hoag Memorial Hospital Presbyterian / Mary and Dick Allen Diabetes Center	Sherri Yates	S.D. Shantinath
	Ashley Simbeck	Pinecrest Manor Nursing Home	Christine Kocjanic	Don Altman
	Alexander Heatrice	Keller Community Hospital / Saunders Dental Clinic	Joseph Marino	Jeff Chaffin
	Erin Aying	Pan American Health Organization	Saskia Estupian-Day	Don Altman
	Adam Bennett	University of Minnesota Office of Education / National Center for Interprofessional Education and Practice	Barbara Brandt and Amy Pittenger	Don Altman
	Emily Harry	National institute for Dental and Craniofacial Research / NIH	Isabel Garcia	Jaana Gold
	Angela Lee	Maricopa County Department of Public Health	Kirsten Roling	Don Altman
	Sarah Usher	Hidalgo Medical Services	Carmen Mayes	S.D. Shantinath
	Shelly Kitain	Louis Stockes Cleveland VA Medical Center	Marc Zechel	David Line Denali

2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

No waivers have been granted.

2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

No preventive medicine, occupational medicine, aerospace medicine, general preventive medicine, and public health residents have completed the MPH program.

2.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion

This criterion is met.

Strengths

The practicum course has a well-structured process in place for approving acceptable practicum sites close to a student's geographic location, as well as preceptors and practicum activities. This practice gives students greater latitude in finding a site that will work with their location and schedules, while still maintaining high quality standards. Ongoing communication among the student, Practicum Preceptor, and Faculty Advisor is required. Individual faculty members work closely with students to develop objectives and the structure of their individual practicum proposals. A substantial final project that reflects an understanding of program competencies is completed. The student is required to present the project synchronously and with a visual component (e.g., PowerPoint) to both the Faculty Advisor and Practicum Preceptor. Templates and forms document the required steps in the practicum process so students understand what is expected and needed. This process has resulted in a variety of high quality practica sites available to students. High quality fieldwork projects have produced substantive contributions to the placement sites and high levels of student satisfaction with the practicum reports in student evaluations.

An ASC tracks the progress of students in the practicum, documenting each step required for completion. This process includes an ongoing checklist for each individual student, a master tracking list to track progress of all practicum students, documenting required pieces of the practicum in the student management system, and publishing of the practicum presentations/projects through our online library.

Results of the student and preceptor evaluations have been positive to date. One evaluation specifically noted the "surveillance" as strength of the practicum experience.

Weaknesses

The online nature of the program can make it difficult to interact consistently with students who do not make an effort to stay in communication. This situation can allow some students to fall behind or lose motivation. Faculty or staff members are unable to visit most of the practicum sites or meet Practicum Preceptors in person due to geographical distance. The process for submission of a student's documents and final work has been somewhat cumbersome, submitting either through email or mailing directly to the SHM office. However, the process is being transitioned to a new electronic tracking system that will make submission of documents much simpler. Use of the Tk20 database for document submission began with the students who started the practicum course in Fall 2013.

The practicum requirement is new. It typically takes approximately two years to complete the MPH program that includes this requirement. Most of our graduates over the past two years graduated from older programs that required 60 quarter-credit hours and did not include a practicum. Current assessments of the practicum (student surveys and preceptor evaluations) indicate that the students who have completed the practicum meet the requisite public health competencies.

Future Plans

All enrolled students should be under the new curriculum requiring the practicum by the end of the second half of Spring Term 2014. All of the students in the old programs are scheduled to graduate by the end of the second half of Spring Term 2014.

With time and the maturation of the practicum, relationships will be developed with a variety of public health institutions. These relationships will improve the ability to place students at quality sites. As the program grows and the number of students actively working on the practicum increases, improvements and refinements will continue. These include streamlining the process for submission of student documents; improving the monitoring of student progress during the practicum and communication with those who may need extra support; and expanding the base of practicum sites to which students can be referred.

Preceptors used in practica projects will be evaluated and recruited as appropriate to become dedicated community partners as students complete their practica, and feedback from all involved parties will be evaluated annually.

Criterion 2.5: Culminating Experience

All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5.a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The Practicum Final Report is the culminating experience for all the MPH students. The Practicum Final Report is a formal, professional, written document based on the proposal submitted at the beginning of the practicum course. There are no length requirements for the Practicum Final Report. All papers must be written in a scholarly manner and must include key elements such as literature review, goals and objectives, design, implementation, evaluation, and references. Guidance for this structure is provided in the MPH Practicum Guide (Resource File 2-E). Selected examples of previous students' work are available in the course (Resource File 2-J). The Practicum Final Report must thoroughly and completely describe the student's practicum experience. The Faculty Advisor reviews a draft of the Practicum Final Report in the same manner a manuscript is evaluated for publication. The Faculty Advisor provides comments and suggested edits, and returns the document to the student for any and all necessary changes.

The finished written Practicum Final Report is submitted to the Faculty Advisor and the Practicum Preceptor. The Faculty Advisor assesses the report according to a rubric based on the MPH program competencies. The student must then synchronously present the Practicum Final Report to the Faculty Advisor and Preceptor. This may be in person, on the telephone, via Skype, etc. Once these two assessments are completed satisfactorily, the Faculty Advisor and Preceptor sign off on the Practicum Approval Form.

Once this process is completed, the student submits the Practicum Final Report, the Student and Preceptor Evaluation Forms, and the Practicum Approval Form (Resource File 2-N) in electronic format to the Faculty Advisor. The Faculty Advisor approves these documents and forwards them to the ASC, who assembles these into two hard-copy documents. One is held in the MPH departmental files and one is held in the A.T. Still Memorial Library. In addition, the electronic copy is kept in an electronic master file on the Kirksville campus. Duplicate hard and electronic copies of the practicum documents of dental concentration students are kept in the MPH office on the Mesa campus. Examples of these are available in Resource File 2-J.

Once a student has completed the practicum course, he or she is given the post practicum survey (Resource File 2-O) - a list of the program competencies - and is asked to rate how competent he or she is in each area. This information can be used to strengthen the course content so that all students who graduate from the program feel that he or she was adequately trained on the program competencies. The goal is that all students will report that they are competent in at least 80% of the MPH program competencies.

Summary results of this survey for the self-study years are included in Table 2.5.1.

Table 2.5.1 Student Self-Report of Competence in MPH Program Competencies				
	Target	2011-12	2012-13	2013-14
100% of students will report they are competent in 80% of the program's competencies	100%	80.0%	85.7%	NA*

* (no post-practicum surveys were administered in Fall 2013)

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion

This criterion is met.

Strengths

Students work closely with their Faculty Advisors to create and refine their final reports and achieve an acceptable scholarly level. Much of the MPH curriculum requires writing papers in a scholarly manner, so while more substantial, the culminating paper is aligned with other course expectations on writing.

Since the MPH program is an online program, the student's opportunities for the culminating field experience are broad and varied because students are not limited to those that can be found in the vicinity of the Kirksville or Mesa campuses.

The program has a standardized format and grading rubric for the final report. All students complete the same set of documents, including the Practicum Memorandum of Agreement, the Practicum Proposal, the Preceptor Evaluation, the Student Evaluation, and the Practicum Final Report.

Students and Preceptors complete evaluations at the end of the field experience, and results have been positive.

Weaknesses

Some students demonstrate weak writing skills. Faculty members work diligently with such students to achieve an acceptable finished product, referring students to the University Writing Center (UWC) for assistance as needed.

Future Plans

The MPH program will continue to address the student writing issues by increasing awareness of the UWC. Mandating submission of student writing assignments for all courses is under consideration. The final report

guidelines in the MPH Practicum Guide will be refined as needed and strong examples of previous student work will continue to be added to the course as a resource for current students.

To strengthen MPH Program evaluation efforts, the post practicum survey will be augmented to incorporate an evaluation of specific delivery methods, format, and material covered. Evaluation of delivery methods and format will help determine strengths and weaknesses for future self-studies. Evaluation of course content will allow a check of alignment between grades and proficiency in competencies. Expanding the evaluation to include student competencies in critical areas will be a check for self-reported student competency in public health fields.

Criterion 2.6: Required Competencies

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelors, masters and doctoral).

2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (e.g., one set each for BSPH, MPH and DrPH).

In January 2012, a subcommittee of the MPH Curriculum Committee (the Subcommittee on Competencies), under the directive of the chair, examined course outcomes of all MPH program courses. The subcommittee then drafted a comprehensive list of primary competencies to be covered in the MPH program. In addition, eight supplemental competencies were drafted for the MPH program, and 11 supplemental competencies were drafted for the dental concentration of the MPH program. These recommendations were subsequently adopted by the MPH Curriculum Committee on February 20, 2012, and used in all MPH program courses (Resource File 2-P). The new competencies were mapped to each of the core courses (Table 2.6.1) and electives to ensure that these courses were meeting the educational needs as defined by the MPH program goals.

14 Core Competencies for the MPH Program
1. Integrate skills and knowledge to effectively advocate for and evaluate public health policy, legislation, and regulations that:
    a. Protect and promote the public's health, and
    b. Effectively reduce negative environmental impacts and promote healthier environments.
2. Assess and communicate to the appropriate audience:
    a. Health risks,
    b. Disparities in health care availability, and environments, and
    c. Environmental and safety issues.
3. Incorporate ethical and professional standards in behavior, programs, and activities.
4. Derive the tools to assess, develop, implement, and evaluate public health programs, systems, and partnerships.
5. Analyze the main components and issues of the organization, management, financing, and delivery of health services and public health systems.

6. Use information technology to access, evaluate, interpret, and communicate public health information.

7. Develop and appraise leadership skills.

8. Generalize, analyze, and interpret biostatistics in describing the health of communities.

9. Develop and translate different measurement scales and data distributions to determine statistical methodology.

10. Evaluate, interpret, and communicate results of descriptive and inferential statistical analyses of public health data to a variety of audiences.

11. Analyze terminology, definitions, data sources, principles, and limitations related to the epidemiology of public health.

12. Calculate, synthesize, and communicate epidemiological information to a variety of audiences.

13. Examine quality and performance improvement concepts to address organizational performance issues and resolve problems.

14. Evaluate social and behavioral theories, concepts, models, and evidence-based approaches and determine how their implementation may impact the health of individuals and communities.

2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

MPH Generalist Supplemental Competencies
1. Determine, appraise, and communicate cultural specific needs that result in better health interventions, and improve availability, acceptability, and accessibility of health care access among diverse populations.

2. Critique the utility of community-based participatory research to improve health in diverse populations.

3. Analyze the effects of behavior on human biology and examine the role of public health in mitigating negative outcomes and promoting healthier environments.

4. Develop and translate evidence-based concepts to public health laws, policies, and regulations for the development and implementations of health promotion and disease prevention programs.

5. Analyze how pivotal events in the history of public health influence the profession and how they will continue to impact the field in the future.

6. Derive and defend definitions within the public health field that capture its unique characteristics and analyze how these definitions shape and should shape professional practice.

7. Categorize qualitative and quantitative evaluation methods in relation to their strengths, limitations, and appropriate uses.

8. Analyze the validity of systems models and debate the merits of applying these models to public health problems.

MPH Dental Public Health Concentration Supplemental Competencies

1. Plan oral health programs for populations.

2. Select interventions and strategies for the prevention and control of oral diseases and promotion of oral health.

3. Implement, manage and develop resources for oral health programs for populations.

4. Incorporate ethical standards in oral health programs and activities.

5. Evaluate and monitor dental care delivery systems.

6. Design and understand the use of surveillance systems to monitor oral health.

7. Communicate and collaborate with groups and individuals on oral health issues.

8. Advocate for, implement and evaluate public health policy legislation and regulations to protect and promote the public's oral health.

9. Critique and synthesize scientific literature.

10. Design and conduct population based studies to answer oral and public health questions.

11. Analyze the effects of behavior on human biology and examine the role of public health in mitigating negative outcomes and promoting healthier environments.

2.6.c. A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

Table 2.6.1 identifies the courses in the MPH Generalist concentration that address each of the 14 core competencies and the eight supplemental competencies. Table 2.6.2 identifies the courses in the MPH Dental Public Health concentration that address each of the 14 core competencies and the 11 supplemental competencies.

The required courses for the MPH program are:

- BIOS 7000: Biostatistics
- ENVR 6200: Environmental Health Sciences
- EPID 6100: Epidemiology
- HLTH 6500: Health Education Concepts
- MHAD 6200: Administration of Health Care Organizations
- PUBH 5000: Introduction to Public Health Concepts
- PUBH 5200: Fundamentals of Research in Public Health
- PUBH 5800: Community Health Informatics
- PUBH 6100: Identifying Community Health Needs

- PUBH 6500: Public Health Systems Policy and Management

- PUBH 6700: Public Health Policy and Politics

- PUBH 6900: Public Health Biology

- PUBH 7800: Public Health Practicum

The required courses for the MPH Dental Public Health concentration are:

- BIOS 7050: Biostatistics for Dental Research

- ENVR 6200: Environmental Health Sciences

- EPID 6150: Dental Epidemiology

- HLTH 6400: Behavior Sciences and Educational Concepts

- MHAD 6200: Administration of Health Care Organizations

- PUBH 5050: Introduction to Dental Public Health

- PUBH 5250: Practical Dental Research, Planning, and Design

- PUBH 5400: Professionalism and Ethics in Dental Public Health

- PUBH 5500: Financing Dental Care

- PUBH 6550: Dental Healthcare Policy and Management

- PUBH 6900: Public Health Biology

- PUBH 7600: Community-Based Programs - Development

- PUBH 7650: Community-Based Programs – Implementation & Evaluation

- PUBH 7800: Public Health Practicum

Table 2.6.1 Competencies Addressed by the MPH Program (Generalist)	BIOS 7000	ENVR 6200	EPID 6100	HLTH 6500	MHAD 6200	PUBH 5000	PUBH 5200	PUBH 5800	PUBH 6100	PUBH 6500	PUBH 6700	PUBH 6900	PUBH 7800
14 Core Competencies													
1. Integrate skills and knowledge to effectively advocate for and evaluate public health policy, legislation, and regulations that: a) protect and promote the public's health and b) effectively reduce negative environmental impacts and promote healthier environments.		X				X				X	X	X	X
2. Assess and communicate to the appropriate audience: a) health risks, b) disparities in health care availability and environments, and c) environmental and safety issues.		X				X		X				X	
3. Incorporate ethical and professional standards in behavior, programs, and activities.			X					X	X	X	X		X
4. Derive the tools to assess, develop, implement, and evaluate public health programs, systems, and partnerships.										X	X		
5. Analyze the main components and issues of the organization, management, financing, and delivery of health services and public health systems.						X		X		X	X		X

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	BIOS 7000	ENVR 6200	EPID 6100	HLTH 6500	MHAD 6200	PUBH 5000	PUBH 5200	PUBH 5800	PUBH 6100	PUBH 6500	PUBH 6700	PUBH 6900	PUBH 7800
14 Core Competencies (continued)													
6. Use information technology to access, evaluate, interpret, and communicate public health information.		X	X					X	X			X	
7. Develop and appraise leadership skills.					X								
8. Generalize, analyze, and interpret biostatistics in describing the health of communities.	X		X						X				
9. Develop and translate different measurement scales and data distributions to determine statistical methodology.										X	X		
10. Evaluate, interpret, and communicate results of descriptive and inferential statistical analyses of public health data.	X		X						X				X
11. Analyze terminology, definitions, data sources, principles, and limitations related to the epidemiology of public health.		X	X				X	X					
12. Calculate, synthesize, and communicate epidemiological information to a variety of audiences.		X	X				X						
13. Examine quality and performance improvement concepts to address organizational performance issues and resolve problems.								X	X				X

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	BIOS 7000	ENVR 6200	EPID 6100	HLTH 6500	MHAD 6200	PUBH 5000	PUBH 5200	PUBH 5800	PUBH 6100	PUBH 6500	PUBH 6700	PUBH 6900	PUBH 7800
14 Core Competencies (continued)													
14. Evaluate social and behavioral theories, concepts, models, and evidence-based approaches and determine how their implementation may impact the health of individuals and communities.				X									
8 Supplemental Competencies													
1. Determine, appraise, and communicate cultural specific needs that result in better health interventions, and improve availability, acceptability, and accessibility of health care access among diverse populations.				X								X	X
2. Critique the utility of community-based participatory research to improve health in diverse populations.							X						
3. Analyze the effects of behavior on human biology and examine the role of public health in mitigating negative outcomes and promoting healthier environments.		X		X								X	
4. Develop and translate evidence-based concepts to public health laws, policies and regulations for the development and implementation of health promotion and disease prevention programs.		X		X									
5. Analyze how pivotal events in the history of public health influence the profession and how they will continue to impact the field in the future.										X	X		

	BIOS 7000	ENVR 6200	EPID 6100	HLTH 6500	MHAD 6200	PUBH 5000	PUBH 5200	PUBH 5800	PUBH 6100	PUBH 6500	PUBH 6700	PUBH 6900	PUBH 7800
8 Supplemental Competencies (continued)													
6. Derive and defend definitions within the public health field that capture its unique characteristics and analyze how these definitions shape and should shape professional practice.													X
7. Categorize qualitative and quantitative evaluation methods in relation to their strengths, limitations, and appropriate uses.	X						X						
8. Analyze the validity of systems models and debate the merits of applying these models to public health problems.													X

Table 2.6.2 Competencies Addressed by the MPH Program (Dental Public Health Concentration)

	BIOS 7050	ENVR 6200	EPID 6150	HLTH 6400	MHAD 6200	PUBH 5050	PUBH 5250	PUBH 5400	PUBH 5500	PUBH 6550	PUBH 6900	PUBH 7600	PUBH 7650	PUBH 7800
14 Core Competencies														
1. Integrate skills and knowledge to effectively advocate for and evaluate public health policy, legislation, and regulations that: a) protect and promote the public's health and b) effectively reduce negative environmental impacts and promote healthier environments.		X				X				X	X			X
2. Assess and communicate to the appropriate audience: a) health risks, b) disparities in health care availability and environments, and c) environmental and safety issues.		X									X			
3. Incorporate ethical and professional standards in behavior, programs, and activities.								X	X					X
4. Derive the tools to assess, develop, implement, and evaluate public health programs, systems, and partnerships.												X		
5. Analyze the main components and issues of the organization, management, financing, and delivery of health services and public health systems.						X			X					X
6. Use information technology to access, evaluate, interpret, and communicate public health information.		X				X					X			

	BIOS 7050	ENVR 6200	EPID 6150	HLTH 6400	MHAD 6200	PUBH 5050	PUBH 5250	PUBH 5400	PUBH 5500	PUBH 6550	PUBH 6900	PUBH 7600	PUBH 7650	PUBH 7800
14 Core Competencies (continued)														
7. Develop and appraise leadership skills.										X				
8. Generalize, analyze, and interpret biostatistics in describing the health of communities.	X													
9. Develop and translate different measurement scales and data distributions to determine statistical methodology.	X													
10. Evaluate, interpret, and communicate results of descriptive and inferential statistical analyses of public health data.	X													X
11. Analyze terminology, definitions, data sources, principles, and limitations related to the epidemiology of public health.		X	X			X	X							
12. Calculate, synthesize, and communicate epidemiological information to a variety of audiences.		X	X				X	X				X		
13. Examine quality and performance improvement concepts to address organizational performance issues and resolve problems.										X				X
14. Evaluate social and behavioral theories, concepts, models, and evidence-based approaches and determine how their implementation may impact the health of individuals and communities.				X										

	BIOS 7050	ENVR 6200	EPID 6150	HLTH 6400	MHAD 6200	PUBH 5050	PUBH 5250	PUBH 5400	PUBH 5500	PUBH 6550	PUBH 6900	PUBH 7600	PUBH 7650	PUBH 7800
11 Supplemental Competencies														
1. Plan oral health programs for populations.						X			X			X		
2. Select interventions and strategies for the prevention and control of oral diseases and promotion of oral health.				X		X						X		
3. Implement, manage, and develop resources for oral health programs for populations.												X		
4. Incorporate ethical standards in oral health programs and activities.								X						
5. Evaluate and monitor dental care delivery systems.						X			X			X		
6. Design and understand the use of surveillance systems to monitor oral health.			X			X						X		
7. Communicate and collaborate with groups and individuals on oral health issues.				X		X				X		X		
8. Advocate for, implement, and evaluate public health policy, legislation, and regulations to protect and promote the public's oral health.									X	X				
9. Critique and synthesize scientific literature.			X			X	X							
10. Design and conduct population-based studies to answer oral and public health questions.												X		

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	BIOS 7050	ENVR 6200	EPID 6150	HLTH 6400	MHAD 6200	PUBH 5050	PUBH 5250	PUBH 5400	PUBH 5500	PUBH 6550	PUBH 6900	PUBH 7600	PUBH 7650	PUBH 7800
11 Supplemental Competencies (continued)														
11. Analyze the effects of behavior on human biology and examine the role of public health in mitigating negative outcomes and promoting healthier environments.		X									X			

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2.6.d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The competencies are met through the current curriculum. Core courses are assessed every three years for meeting student needs to master the program competencies. Elective courses are assessed every five years.

All MPH students are required to take courses that address the core competencies, and all students take courses that address the five areas of public health knowledge (see Tables 2.3.1, 2.3.2, and 2.3.3).

Although they are similar in scope to the program's previous competencies taken from Association of Schools of Public Health (ASPH), the current competencies have only recently been developed. Assessment data to determine whether students are indeed competent in these areas are still being compiled. Some competencies are addressed only once in the sequence of courses. Future effort will include evaluation of student achievement of the competencies through data such as grade evaluation.

The MPH Curriculum Committee annually reviews the list of competencies and how they map to the core courses, as well as assessment data, to ensure that the competencies are being met through the coursework in the program. If revision is needed, or deficits identified, courses or assessments within courses can be marked for redevelopment or revision.

2.6.e. Description of the manner in which competencies are developed, used and made available to students.

When courses were originally written for the MPH curriculum, the Public Health Department Chair at that time used the ASPH competencies as a guide to ensure courses covered required knowledge for public health professionals in all public health domains. As the CEPH Committee members were preparing to seek accreditation, they thought it necessary to look more closely at the outcomes (or competencies) that the courses were teaching and bring those up to date with the newest version of the ASPH competencies.

The Subcommittee on Competencies (of the full MPH Curriculum Committee) met in January 2012, to appraise the current status of course outcomes and to develop a list of competencies for the MPH program in compliance with CEPH suggestions. Members of this subcommittee were four full-time faculty members (David Line Denali, James Guillory, Michael Samuels, and Mary-Katherine Smith), along with the Public Health Department Chair at the time (Don Altman), and an ASC (Marsha Presley).

The Subcommittee on Competencies did an extensive review of the various public health competencies available and as a starting point used the ASPH competencies. To comply with CEPH guidelines, and to increase clarity, these 48 competencies were reduced to 14 core competencies used in all core courses, with an additional eight supplemental competencies for the Generalist concentration and 11 supplemental competencies for the Dental Public

Health concentration. The new competencies were mapped to each of the core courses and electives to ensure these courses meet the educational needs defined by MPH program goals.

Supplemental competencies for the dental concentration include competencies developed by the American Association of Public Health Dentistry. These competencies are used by the American Board of Dental Public Health for determining if an applicant is eligible to be a member of the dental specialty. The supplemental competencies also include one of the supplemental competencies from the list of eight MPH Generalist concentration supplemental competencies.

The content of the core courses in the MPH program was analyzed by the MPH faculty and MPH Curriculum Committee to determine which competencies and supplemental competencies were addressed by the learning activities and assessments of each course. Once they were determined, the course competencies were listed in the syllabus of each course, ensuring that clear alignment was shown between each competency and assessment throughout each course (Resource File 2-D). In addition to being clearly shown in each course syllabus, the competencies are available to students in each discussion and assignment description in the Blackboard courses.

2.6.f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

The MPH Curriculum Committee reviews core courses and competencies at least once every three years. The elective courses and competencies are reviewed at least once every five years. New courses are evaluated and changes to the curriculum are discussed and approved by the committee. The Curriculum Committee includes MPH faculty, alumni, current students, and a member of the public health community. Because of this diverse makeup, the Curriculum Committee is able to analyze the use of specific competencies in the MPH program courses.

2.6.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion

This criterion is met.

Strengths

The competencies developed for the MPH program are based on the ASPH recommended competencies. The 48 original competencies were reduced for clarity into 14 core competencies for all MPH courses, eight supplemental competencies for the Generalist concentration and 11 supplemental competencies for the Dental Public Health concentration (10 of which are from the American Association of Public Health Dentistry). These competencies

were developed by a subcommittee of the MPH Curriculum Committee and were subsequently vetted by the full Curriculum Committee.

Weaknesses

The MPH program recently adopted the current competencies. Assessment data is still being compiled to ensure the current curricula are delivering the intended competencies.

Future Plans

As data are collected regarding the achievement of program competencies, the MPH Curriculum Committee will need to examine the courses to ensure coverage of any deficiencies and adequate coverage of all competencies.

Criterion 2.7: Assessment Procedures

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

Each course includes assignments and weekly discussions in which the student must demonstrate a command of the objectives and MPH program competencies appropriate for each course. If a student receives lower than a C in a course, the student is required to retake the course before being allowed to graduate. Students are required to maintain a minimum 3.0 cumulative GPA. If a student falls below a 3.0 GPA, the student is placed on probation. If a student does not return to good academic standing following his or her first quarter on probation, he or she must petition the Public Health Department Chair to continue in the program on probation. The Public Health Department Chair has the authority to dismiss students who fail to meet the conditions of probation.

Student understanding of the program competencies is reflected in several aspects of the practicum. The Faculty Advisor evaluates this through the Practicum Final Report and its accompanying oral presentation. The Practicum Preceptor evaluates the student upon completion of the service component. The student also performs a self-evaluation of the competencies following the practicum.

The Public Health Department Chair reviews the data from these assessment procedures annually. Perceived deficiencies are addressed by revising the appropriate course(s) to ensure all competencies are sufficiently developed in the curriculum. The competencies will be reviewed every five years to ensure they remain relevant and up to date with current public health workforce needs.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelors, masters and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

Time to Degree Completion

The typical course loads for full- and part-time students are summarized in Table 2.7.1. To remain in good standing in the MPH program, students must make timely progress toward meeting degree requirements.

Students are considered full time if they take at least nine credit hours per quarter, and half time if they take 5-8 credit hours per quarter. Because students must take at least five credit hours per quarter to qualify for financial aid, the majority of MPH students enroll in two courses per quarter (hence the "typical student" designation in the table below). Students have seven years to complete degree requirements.

Table 2.7.1 Typical Course Loads for Full- and Part-Time Students					
Status	**Course Load**	**Year 1**	**Year 2**	**Year 3**	**Year 4**
Full Time	12 courses/year	12 courses (48 credits)	3 courses (16 credits)		
Part Time (typical student)	8 courses/year	8 courses (32 credits)	7 courses (32 credits)		
Part Time	4 courses/year	4 courses (16 credits)	4 courses (16 credits)	4 courses (20 credits)	3 courses (12 credits)

Graduation rate

While online learning is now commonplace, high dropout rates continue to persist (Park & Choi, 2009). A number of studies have shown that a higher percentage of students in an online course tend to drop out compared to students in a face-to-face classroom (Hiltz, 1997; Phipps & Merisotis, 1999). While at face value this may appear to be a failure, it may also be perceived as an issue inherent in the online environment and the mistaken perception of students that online courses are easier than face-to-face courses. The students' reasons for dropping out are collected

through the CampusVue database, and responses are grouped into eight general categories: work related, time management, personal, medical, military, financial, change of objective, and other.

The practicum requirement was instituted in the Spring 2011 term. A full-time Practicum Coordinator was hired January 2013 to assist students with the practicum process, including finding suitable sites and preceptors. This faculty member is available to students throughout the practicum process to help mentor students in site selection, assist in the completion of all required paperwork, and address any issues that arise.

Park, Perry, and Edwards (2011) point to various strategies that create an environment conducive to retention of online students, including:

- Designing courses that include elements of choice in learning activities and assessments for the student
- Creating meaningful social interaction between classmates
- Continual monitoring of student achievement and referral to support services as needed
- Personal interaction with faculty and staff members, via synchronous and asynchronous means

To incorporate strategies advocated by Park, Perry, and Edwards, as courses are revised, the instructional design team works to incorporate learning activities and assessments that appeal to a range of learning strategies. In some courses, students have options for assessment to accommodate preferences, such as writing a paper or giving a presentation, or choosing from a list of assessments tailored to fit a student's professional experiences or aspirations.

Each MPH program course includes a "Coffee Shop" discussion forum, which gives the students a place to interact outside the academic assessments of the course. Students are encouraged to post an introduction during the first week of the course and to post questions and solutions to help one another throughout the course.

Dental Public Health concentration students also have an online space, the "Student Corner," in the Blackboard LMS. The Student Corner gives students in this concentration another place to interact. The ASC for the Dental Public Health concentration posts announcements and reminders to students who are taking MPH courses at the same time as residential dental courses, to keep them on track in the MPH program.

Student progress through the courses is monitored by the individual faculty members and the Academic Success Team. An ASC is assigned to each program to monitor student progress and success within the program's courses. When a student's grade falls below 70% in the course, he or she is identified as at risk. The ASC contacts the student (email, phone call) to discuss strategies to improve performance in the course. The student is referred to support services (e.g., UWC, Library, Learning Resources, etc.) as needed.

The ASCs maintain regular contact with students throughout the term and throughout a student's tenure in the program. This contact consists of emails, phone calls, video chats, etc. to share successes and help students with problems that arise. Faculty members are encouraged to maintain regular contact with students.

Table 2.7.2 shows the persistence of students in the MPH program, from matriculation to graduation. Cohorts prior to 2010-11 have all students either graduating or withdrawing from the program. The 2008-09 cohort has shown the highest graduation rate – 65.7% – of those included in the self-study.

Student attrition rates are higher than school officials would like and graduation rates are lower than target goals. Anecdotal evidence shows that students who withdraw within the first quarter following matriculation often misjudged the difficulty of the program or the time required. Students who persist tend to be more serious students. Withdrawal rates, as calculated, may be somewhat misleading because a student who withdraws and eventually returns is counted as a new enrollment in Table 2.7.2. The MPH program has students who enroll and withdraw sometimes multiple times.

Students who withdraw during the first week of classes are given a 100% tuition refund, but are still counted by the Registrar's office as matriculating. Anecdotal evidence shows this number to be about 5% of students enrolling in the program. If these students were not counted, graduation rates might be significantly higher. The SHM is working to develop a method of verifying enrollment numbers that omit these early dropout students.

	Cohort of Students	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
	Table 2.7.2 Students in the MPH Program, By Cohorts Entering Between 2005-06 and 2011-12									
2005-06	Entered	93								
	Withdrew, dropped, etc.	30								
	Graduated	4								
	Cumulative graduation rate	4.3%								
2006-07	Continuing at beginning of AY/Entering	59	131							
	Withdrew, dropped, etc.	12	34							
	Graduated	18	4							
	Cumulative graduation rate	23.7%	3.1%							
2007-08	Continuing at beginning of AY/Entering	29	93	154						
	Withdrew, dropped, etc.	0	10	36						
	Graduated	24	27	2						
	Cumulative graduation rate	49.5%	23.7%	1.3%						
2008-09	Continuing at beginning of AY/Entering	5	56	116	239					
	Withdrew, dropped, etc.	2	3	10	47					
	Graduated	0	40	39	17					
	Cumulative graduation rate	49.5%	54.2%	26.6%	7.1%					
2009-10	Continuing at beginning of AY/Entering	3	13	67	175	267				

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Year										
	Withdrew, dropped, etc.	1	3	4	17	62				
	Graduated	1	4	27	104	42				
	Cumulative graduation rate	50.54%	57.25%	44.16%	50.63%	15.73%				
2010-11	Continuing at beginning of AY/Entering	1	6	36	54	163	129			
	Withdrew, dropped, etc.	1	2	13	10	26	20			
	Graduated	0	2	10	33	93	31			
	Cumulative graduation rate	50.5%	58.8%	50.7%	64.4%	50.6%	24.0%			
2011-12	Continuing at beginning of AY/Entering	0	2	13	11	44	78	103		
	Withdrew, dropped, etc.	0	1	7	4	9	24	31		
	Graduated	0	0	3	1	20	28	31		
	Cumulative graduation rate	50.5%	58.8%	52.6%	64.9%	58.1%	45.7%	30.1%		
2012-13	Continuing at beginning of AY/Entering		1	3	6	15	26	41	103	
	Withdrew, dropped, etc.		1	1	3	6	1	8	17	
	Graduated		0	0	2	1	16	11	4	
	Cumulative graduation rate		58.8%	52.6%	65.7%	58.4%	58.1%	40.8%	3.9%	
2013-14	Continuing at beginning of AY/Entering			2	1	8	9	22	82	149
	Withdrew, dropped, etc.			2	1	8	6	4	11	14
	Graduated			0	0	0	0	8	6	1
	Cumulative graduation rate			52.6%	65.7%	58.4%	58.1%	48.5%	9.7%	0.7%

2.7.c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

Prior to 2012, SHM did not collect job placement data. An alumni survey was deployed for the first time in January 2012 and is now conducted on an annual basis. The Associate Dean of Academic Success and Assessment aggregates the data and reports the results to the SHM Dean, the Public Health Department Chair, and the Program Chairs.

In January 2012, the ATSU Alumni Services office created and administered the first comprehensive SHM Alumni Survey. The survey collected demographic data on all SHM graduates, including job placement and employer information. The first alumni survey had 325 responses. However, the survey did not ask detailed questions regarding the graduates' evaluation of their SHM academic programs, how well they felt they were prepared for their professional fields, how long it took to find employment in their fields, and their interest in serving the SHM as a member of committees or as a student mentor.

The second iteration of the SHM alumni survey in 2013 was deployed using Zarca, a survey analytic tool, and was overseen entirely by the Associate Dean of Academic Success and Assessment. It included much more detailed questions about the graduates' professional status and evaluation of their preparedness (Resource File 2-Q). Alumni email addresses were extracted from CampusVue, the student data management system, and a link to the alumni survey was sent via email. Periodic reminders were sent throughout the survey period. The mailing went to 1,027 SHM alumni; 938 emails were delivered (89 emails were undeliverable), and 310 alumni responded (a 33% response rate). Of those 310 responses, 205 were from MPH program alumni. Previous versions of the survey did not include the option for alumni to self-report whether they were actively seeking employment or not. Future versions of the survey will include this question.

Table 2.7.3 Destination of Graduates by Employment Type			
	MPH	**Dental**	**Total**
Employed	137	37	174
Continuing education/training (not employed)	3	3	6
Actively seeking employment	0	0	NA
Not seeking employment (not employed and not continuing education/training, by choice)	2	0	2
Unknown	19	4	23
Total number of students	161	44	205

2.7.d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

Public health practice does not require a certification or license. ATSU does not collect information on the national Certification in Public Health (CPH) exam because, until the program is CEPH-accredited, students do not meet the qualifications to sit for the exam.

2.7.e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

Within CampusVue, employer data are collected from students as they enroll and from alumni when they self-report employment. These employers are contacted annually via postal mail with a list of the MPH program competencies and are requested to answer the following question:

Do our MPH competencies prepare employees with the skills necessary to effectively participate in your organization and industry?

Employers are also given the opportunity to provide feedback on additional competencies or skills that they believe would be beneficial to students in the MPH program.

In 2013, 151 employers were contacted, but only eight employers responded (Resource File 2-R). Of those responses, all eight said yes to the above question. Additional comments included:

- The A.T. Still oral health competencies align appropriately with the work of Children's Health Alliance. As a statewide advocate for improved child health, competencies that focus on system change, population health, public policy, and effective program management to maximize resources are of priority.
- Utilize networking skills to reach out to businesses and consumer regarding how consumerism affects the environment.
- Effectively develop and implement consumer-education programs related to different public health issues as pertaining to consumerism.
- Determine ways to reach consumers regarding food safety, product safety, and regarding recall notifications.
- The ability to think outside the box and come up with new ideas and/or programs that take into account the impact consumerism has on public health.

As another means of assessing competence, Practicum Preceptors are asked to evaluate the student's competencies and abilities while the student is engaged in practicum activities. The data from these evaluations are entered into Tk20 for analysis and reporting to the Practicum Coordinator and the Public Health Department Chair (Resource File 2-S). To date, 100% of the preceptors have said that the MPH students were well prepared academically for the practicum experience (Goal 3, Objective 3.4).

At the end of a student practicum experience, a student is asked to self-report his or her competence in all of the MPH program competencies. This is done through the Post-Practicum Survey deployed through Tk20, a survey tool used by ATSU (Resource File 2-O). Students are emailed a link to the survey through their ATSU email addresses. A student must complete this survey before he or she receives a grade for the practicum course. This process was initiated in Academic Year 2011-12.

Student responses to the Post-Practicum Survey are displayed in Table 2.7.4.

Table 2.7.4. Student Self-Report of Competence in Program Competencies			
	2011-12	2012-13	2013-14
14 Core Competencies			
1. Integrate skills and knowledge to effectively advocate for and evaluate public health policy, legislation, and regulations that: a) protect and promote the public's health and b) effectively reduce negative environmental impacts and promote healthier environments.	100%	92.9%	NA
2. Assess and communicate to the appropriate audience: a) health risks, b) disparities in health care availability and environments, and c) environmental and safety issues.	100%	92.9%	NA
3. Incorporate ethical and professional standards in behavior, programs, and activities.	100%	100%	NA
4. Derive the tools to assess, develop, implement, and evaluate public health programs, systems, and partnerships.	100%	92.9%	NA
5. Analyze the main components and issues of the organization, management, financing, and delivery of health services and public health systems.	100%	92.9%	NA
6. Use information technology to access, evaluate, interpret, and communicate public health information.	80%	100%	NA
7. Develop and appraise leadership skills.	100%	92.9%	NA
8. Generalize, analyze, and interpret biostatistics in describing the health of communities.	60%	85.7%	NA
9. Develop and translate different measurement scales and data distributions to determine statistical methodology.	60%	71.4%	NA
10. Evaluate, interpret, and communicate results of descriptive and inferential statistical analyses of public health data.	80%	85.7%	NA
11. Analyze terminology, definitions, data sources, principles, and limitations related to the epidemiology of public health.	100%	100%	NA
12. Calculate, synthesize, and communicate epidemiological information to a variety of audiences.	60%	92.9%	NA

	2011-12	2012-13	2013-14
14 Core Competencies (continued)			
13. Examine quality and performance improvement concepts to address organizational performance issues and resolve problems.	100%	92.9%	NA
14. Evaluate social and behavioral theories, concepts, models, and evidence-based approaches and determine how their implementation may impact the health of individuals and communities.	100%	100%	NA
8 Supplemental Competencies – MPH Generalist			
1. Determine, appraise, and communicate cultural specific needs that result in better health interventions, and improve availability, acceptability, and accessibility of health care access among diverse populations.	100%	100%	NA
2. Critique the utility of community-based participatory research to improve health in diverse populations.	100%	100%	NA
3. Analyze the effects of behavior on human biology and examine the role of public health in mitigating negative outcomes and promoting healthier environments.	100%	100%	NA
4. Develop and translate evidence-based concepts to public health laws, policies and regulations for the development and implementation of health promotion and disease prevention programs.	100%	100%	NA
5. Analyze how pivotal events in the history of public health influence the profession and how they will continue to impact the field in the future.	100%	100%	NA
6. Derive and defend definitions within the public health field that capture its unique characteristics and analyze how these definitions shape and should shape professional practice.	100%	100%	NA
7. Categorize qualitative and quantitative evaluation methods in relation to their strengths, limitations, and appropriate uses.	100%	100%	NA
8. Analyze the validity of systems models and debate the merits of applying these models to public health problems.	100%	100%	NA
11 Supplemental Competencies – MPH Dental Public Health			
1. Plan oral health programs for populations.	100%	100%	NA
2. Select interventions and strategies for the prevention and control of oral diseases and promotion of oral health.	100%	87.5%	NA
3. Implement, manage and develop resources for oral health programs for populations.	100%	100%	NA
4. Incorporate ethical standards in oral health programs and activities.	100%	100%	NA
5. Evaluate and monitor dental care delivery systems.	100%	100%	NA
6. Design and understand the use of surveillance systems to monitor oral health.	100%	87.5%	NA
7. Communicate and collaborate with groups and individuals on oral health issues.	100%	100%	NA
8. Advocate for, implement and evaluate public health policy legislation and regulations to protect and promote the public's oral health.	100%	100%	NA
9. Critique and synthesize scientific literature.	100%	100%	NA

	2011-12	2012-13	2013-14
11 Supplemental Competencies – MPH Dental Public Health			
10. Design and conduct population based studies to answer oral and public health questions.	100%	100%	NA
11. Analyze the effects of behavior on human biology and examine the role of public health in mitigating negative outcomes and promoting healthier environments.	100%	87.5%	NA

The Graduate Exit Survey (Resource File 2-T) is another way the MPH program assesses graduates' perceptions of the program's quality, faculty, and overall educational experience. The survey is deployed through the Tk20 database, and a link to the survey is emailed to each student through his or her ATSU email during the student's final term of enrollment. This survey must be completed before a student is allowed to graduate. Tk20 separates the names of respondents from responses, so MPH program administrators are able to see who responded without knowing how they responded.

The data from all these surveys and sources are shared with the SHM Dean and the Public Health Department Chair. One of the aspects noted is a very high level of student satisfaction with the MPH program.

2.7.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion

This criterion is met with commentary.

Strengths

Analysis of the program's strengths and weaknesses identified the need for a comprehensive, school-driven alumni survey process. ATSU's Alumni Relations Office had not previously collected these data; as the MPH program engaged in self-study activities, this shortcoming was identified and is currently being addressed with usable data.

Weaknesses

Because there has not been a process in place until recently, data are not available to assess the past effectiveness of the program. We do not know where many of our graduates are employed. Online students often do not feel "connected" to their schools, and therefore do not always respond to requests for information.

Student attrition rates are higher than school officials would like and graduation rates are lower than target goals. Anecdotal evidence from the Academic Success Coordinators supports the idea that students who withdraw within the first quarter following matriculation have likely misjudged the difficulty of the program or the time required. Those that remain tend to be more serious and successful students. Withdrawal rates as calculated may be

somewhat misleading because a student who withdraws and eventually returns is counted as a new enrollment in Table 2.7.2. The MPH program has students who enroll and withdraw sometimes multiple times, but who finally persist to graduation.

Future Plans

Future plans for the program include creation of a standardized rubric to evaluate program competencies addressed in the practicum. The Preceptor Evaluation Form will be revised to allow a preceptor to identify which program competencies are addressed by a student's practicum experience.

When addressing student retention and graduation rates, it is important to note that there are vast differences between traditional face-to-face education and the online delivery of curriculum. As pointed out by the Department of Education in a 2009 report referenced in Boston, Ice, and Gibson (2011), "online learning is more effective than face to face learning" (para. 7). While this information supports the evolution of online learning as effective, online programs often struggle with high attrition rates, up to seven times higher than traditional face-to-face education (Patterson & McFadden, 2009). The administrators of the MPH program are cognizant of the high attrition rates. Several strategies have been or will be implemented in an attempt to lessen the rates.

1. More accurate accounting of students – The University uses CampusVue as the student data management system. The logic built into the system is reflective of the face-to-face educational environment. Students are enrolled in the system at the time of orientation and counted as matriculated by the Registrar. The SHM does not consider students matriculated until after the first week of class. Beginning with the 2010-11 academic year, students wishing to withdraw within the first week of classes were given a 100% refund of any tuition paid and considered a non-student. This policy gives the student an opportunity to review required coursework and determine the likelihood of their persistence and success. Current anecdotal evidence puts this number of first-week withdrawals at approximately 5% of enrollment. By refining the reporting of matriculated students, it is anticipated that the overall impact on attrition rates would be positive. Beginning with the 2014-15 academic year, a new tracking system will be in place to better reflect accurate accounting of students.

2. Restructure the student orientation process – Currently students are required to complete orientation several weeks before courses begin. Review of the required orientation completion rates signaled that some students were being lost well before courses began. The SHM, in conjunction with the University Admissions department, is instituting a Sherpa Model for new students. An admissions staff member will be assigned to each new student entering the program. This individual will guide the student through orientation, financial aid, and student services processes. This program will be in place at the beginning of the 2014-15 academic year.

3. Designing courses with choices – Course design is a key component in the delivery of online education. Students often develop individual learning strategies. Park, Perry, and Edwards (2011) suggest that students be provided with comparable choices in how learning is assessed, allowing the student to

demonstrate competence though his or her preferred learning strategy.

The MPH program is evaluating this method of assessment in PUBH 5800: Community Health Informatics. The course was developed to include four different assessments from which the student can choose for a significant part of the overall course grade. The course is scheduled for the first time in Spring 2014 Block 2 and will be evaluated over the next several offerings. Results of the pilot will determine if this is an effective tool in student learning and retention.

4. Student Corner – Peer support is a good way to motivate students to persist in online courses (Reneland & Ahlback, 2003). The literature suggests creating opportunities for social interaction among peers is essential in reducing attrition (Park, Perry, & Edwards, 2011).

    Students in the MPH Dental Public Health concentration have access to a Student Corner within the Blackboard LMS. This virtual community allows students to connect with peers to exchange ideas, study tips, book resale opportunities, etc. Because the Student Corner has been successful, it will be redesigned and offered to all students in the MPH program beginning with the 2014-15 academic year.

5. Texting as a means to communicate – Regular student contact combats the isolation from their professors and peers that online students may feel (Park, Perry, & Edwards, 2011). The SHM initiated an opt-in texting option for students in Spring 2014 Block 1. During the admission process, applicants are asked to opt in to the service. Important reminders (tuition due, class starting, etc.), motivational messages, and general alerts will be delivered via text to those students who opt for the program. Effectiveness of this communication method will be assessed through the graduate exit survey tool.

Criterion 2.8: Bachelor's Degrees in Public Health

The ATSU MPH program is a graduate-level program only.

Criterion 2.9: Academic Degrees

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

This criterion is not applicable.

Criterion 2.10: Doctoral Degree

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

Criterion 2.11: Joint Degrees

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

2.11.a Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The ATSU MPH program offers joint degrees with two other schools within the University – one with SOMA for DO students and one with ASDOH for DMD students. Beginning in Fall 2014, a joint degree identical to the ASDOH degree will be offered to DMD students in the MOSDOH school of ATSU.

Table 2.11.1 Matrix of MPH Generalist Joint Degree Program with SOMA DO students		
Course Number	**Course Title**	**Credit Hours**
ENVR6200	Environmental Health Sciences	4
PUBH5000	Introduction to Public Health Concepts	4
HLTH6500	Health Education Concepts	4
	Shared Credit (biostatistics, epidemiology) *	8
	Core	*20*
MHAD6200	Administration of Health Organizations	4
PUBH6700	Public Health Policy and Politics	4
PUBH5200	Fundamentals of Research in Public Health	4
PUBH6500	Public Health Systems Policy and Management	4
PUBH5800	Community Health Informatics	4
PUBH6100	Identifying Community Health Needs	4
	Shared Credit (public health biology) **	4
	Concentration	*28*
	SHM Elective	4
	SHM or SHM-Approved SOMA*** Elective	4
	Electives	*8*

Course Number	Course Title	Credit Hours
PUBH7800	Public Health Practicum The practicum includes 3 parts: Practical experience – 240 hours Final Practicum Report Oral presentation of Final Practicum Report All 3 must be completed to receive passing grade for the course	8
	Total Credits	*64*

 * Shared credit replaces BIOS 7000: Biostatistics and EPID 6100: Epidemiology in the regular MPH curriculum.

** Shared credit replaces PUBH 6900: Public Health Biology in the regular MPH curriculum.

Shared credit will be earned after successful completion of the SOMA curriculum as outlined in the articulation agreement between SOMA and SHM. Students who do not complete the entire SOMA program will not be awarded shared credit and will be required to complete the remaining 12-16 credit hours (3-4 courses) toward their MPH degree through the traditional SHM curriculum delivery method. The complete articulation agreement is available in Resource File 2-U.

*** Four credits of electives may be taken from SOMA courses with approval from the Public Health Department

Chair. The complete Academic Degree Plan is available in Resource File 2-C.

Table 2.11.2 Matrix of MPH Dental Public Health Joint Degree Program with ASDOH DMD Students		
Course Number	**Course Title**	**Credit Hours**
BIOS7050	Biostatistics for Dental Research	4
EPID6150	Dental Epidemiology	4
ENVR6200	Environmental Health Sciences	4
PUBH5050	Introduction to Dental Public Health	4
HLTH6400	Behavior Sciences and Educational Concepts	4
	Core	*20*
MHAD6200	Administration of Health Care Organizations	4
PUBH6550	Dental Healthcare Policy and Management	4
PUBH7600	Community-Based Programs - Development (transferred from ASDOH)	4
PUBH5250	Practical Dental Research, Planning, and Design	4
PUBH7650	Community-Based Programs - Implementation & Evaluation (transferred from ASDOH)	4
PUBH6900	Public Health Biology	4
PUBH5400	Professionalism and Ethics in Dental Public Health (transfer from ASDOH)	4
PUBH5500	Financing Dental Care	4
	Concentration	*28*
	Elective (PUBH6000: Community Health Improvement Planning is recommended)	4
	Electives	*4*
PUBH7800	Public Health Practicum The practicum includes 3 parts: Practical experience – 240 hours Final Practicum Report Oral presentation of Final Practicum Report All 3 must be completed to receive passing grade for the course	8
	Total Credits	*64*

2.11.b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

In 2011, the School of Osteopathic Medicine in Arizona (SOMA) was awarded a Pre-Doctoral Training in Primary Care Grant from the federal Health Resources and Services Administration (HRSA). This grant has supported the development of an innovative MPH degree program for SOMA DO students, equipping them with the clinical knowledge, public health principles and theories, and administrative and problem-solving skills necessary to serve as leaders in public health and to improve health outcomes at primary care systems in underserved areas. Graduates of this dual degree program will become healthcare providers who can evaluate the root causes of illnesses and who will be able to take a community and public health approach to problems. They will be well positioned for leadership in both public health and primary care systems management, with a focus on improving outcomes for the underserved.

This dual degree program embeds public health research and teaching opportunities into the curriculum to prepare students for academic careers, for combining clinical work with public health research, and for directing programs or policies at the community, state, and national levels.

The program has developed competency-based education and assessment instruments that are fully integrated with SOMA's clinical presentation-based curriculum, focused on medical home-based interdisciplinary and interprofessional education in primary care, and implemented at SOMA's 11 Community Health Center (CHC)-affiliated community campuses serving underserved populations. The program has no outcomes data yet, as it was initially implemented in Summer Term 2012 by the admission of seven DO/MPH students.

The program involves support from SHM and SOMA, in which students earn dual credit for Epidemiology, Biostatistics, and Public Health Biology courses in the SOMA curriculum. Students have the opportunity to earn four elective credits toward the MPH degree by working with their advisors to develop a unique, one-month intensive experience. A list of competencies from all of the possible SHM electives was created. The SOMA students choose 3-4 competencies from this list and describe how these can be achieved through a month-long, intensive study. This counts toward a "Public Health Selective" for the DO degree. The DO/MPH director at SOMA, Dr. Joy Lewis, works with each student to outline his or her specific plan. The plan is then presented to the Public Health Department Chair for adjustments as necessary. Once both administrators approve the plan, the student registers for the one-month "selective" through SOMA. Upon successful completion of the plan, the student's faculty advisor completes a performance evaluation, with specific attention to the competencies identified. Evidence will be required in the form of a paper, data analysis, proposal, public health impact statement, or other project subject to approval. Successful completion earns the student four elective credits toward the MPH degree.

The program was designed to be completed without extending the four-year SOMA training period. Core MPH competencies of biostatistics and epidemiology are covered in the SOMA curriculum and have been mapped in

the DO/MPH curriculum. The SOMA MPH Articulation Agreement is available in the Resource File 2-U. SOMA students then take SHM courses covering the core competencies of environmental health sciences, social and behavioral sciences, and health services administration, along with other MPH curriculum core courses to complete the degree. The program begins with the second year of the SOMA student's DO program and concludes at graduation with awarding of both MPH and DO degrees.

The Dental Public Health concentration joint degree has three courses that are credit-shared with ASDOH:

- DOH 667: Ethics II – fulfills the same competencies as PUBH 5400: Professionalism and Ethics
- DOH 613: Dentistry in the Community I – fulfills the same competencies as PUBH 7600: Community-Based Programs – Development
- DOH 622: Dentistry in the Community I b – fulfills the same competencies as PUBH 7650: Community-Based Programs – Implementation and Evaluation

If a Dental Public Health joint degree student takes DOH 667, DOH 613, and DOH 622, and earns a B or better in each of the courses, then these courses are accepted as transfers in place of the non-core courses PUBH 5400, PUBH 7600, and PUBH 7650.

Because the core courses are all required and all 14 core competencies are met within the courses, the Dental Public Health curriculum is equivalent to the MPH Generalist curriculum.

2.11.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The School of Health Management and the MPH program in particular are held in high esteem throughout ATSU. This is evident in that both ASDOH and SOMA have entered into collaborative agreements with SHM to provide opportunities for these schools' students to obtain MPH degrees without adding any additional time to the program of study. All MPH students are required to complete a curriculum addressing the five core topic areas of public health, and courses that provide public health knowledge in one of two concentrations; in addition, all students complete a defined practicum that includes 240 practical hours and a culminating project.

The Pre-Doctoral Training in Primary Care award from HRSA includes an opportunity for SOMA students to enhance their training and their marketability to residency programs by obtaining an MPH degree from SHM during their studies in the second through fourth years.

The MPH Dental Public Health concentration is the only public health program designed specifically for individuals interested in dentistry (e.g., dentists, dental hygienists, dental students, dental hygiene students, those who want to have a career in dentistry) and offered entirely online.

Weaknesses

The joint MPH program with SOMA DO students is new and has yet to produce graduates. No overall program assessment data exist to evaluate whether the degree is indeed equivalent and adequately meeting the competencies intended for the program.

Future Plans

As the joint MPH program with SOMA produces graduates, the program will be subjected to the same assessment procedures as the other programs and any required adjustments will be addressed.

Criterion 2.12: Distance Education or Executive Degree Programs

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvement. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

2.12.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

All courses in the MPH program are offered using online delivery via the Blackboard learning management system (LMS).

2.12.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Rationale for Offering the Online MPH Program

The ATSU MPH program has been online since its inception and offers only online courses. The mission, values, and evaluation approaches of the program focus on online delivery. Because the program is online, it allows for greater flexibility for students and thus attracts a diverse student body. Students are more likely to be able to afford an online program, as they do not need to quit jobs or incur moving expenses to attend classes. Students can attend classes while living anywhere in the world, allowing for culturally diverse learning opportunities. Students

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in the MPH program live all across the country – Connecticut, North Carolina, Georgia, Texas, Michigan, Idaho, Washington, and California, among others – as well as around the world – Canada, Zambia, Philippines, Virgin Islands, Saudi Arabia, and Italy.

The online course design approach for the MPH program is aligned with the mission statement of the MPH program to prepare public health professionals for leadership in advancing public health, promoting individual and community health and well-being, and addressing health disparities locally, nationally, and globally.

Monitoring of Academic Rigor in the MPH Program

Courses in the MPH program are developed through the collaboration of course developers, or subject matter experts (SMEs), and the instructional designers for the program. The SMEs are full-time faculty members with ample experience in public health and education, or experts in the specific field or subject area of the course being developed. The instructional designers have a thorough knowledge of the Blackboard LMS and work with the SMEs to determine the course tools that will be used to effectively engage students in learning, require higher-order thinking skills, and encourage collaboration within the diverse student population. This process brings a variety of expertise and experience to the course development process that ensures the quality and academic rigor of courses.

Each course is divided into 10 one-week modules. Learning outcomes and competencies are clearly spelled out in the syllabus and carefully aligned to each assignment. Faculty members monitor the discussion forums to ensure students are formulating ideas in line with the expected learning outcomes, critically evaluating instructional materials and viewpoints of the other students, and contextualizing concepts at a graduate level. The instructors monitor the discussion forums daily and participate frequently to guide students with thought-provoking questions and by sharing experiences.

The MPH Curriculum Committee takes an active role in assessing the design and content of the courses in the MPH program. At least once every three years, the core courses in the MPH program are reviewed by the MPH Curriculum Committee to ensure that they are academically rigorous, that content is current and relevant to the public health field, and that multiple learning modalities are incorporated to reach students with a wide variety of learning styles. The MPH Curriculum Committee meets at least once every quarter and reviews the redevelopment of one to three courses per meeting. These redevelopments can vary from simply updating educational content to a complete redesign of the course. For example, in Fall 2013, PUBH 6100 (Identifying Community Health Needs) was rewritten using some of the Public Health Accreditation Board Standards and Measures. This change allows students to use current standards, rather than just theory, to develop a community needs assessment and then plan interventions.

Methods Used in Course Development and Delivery

All online courses in the MPH program are delivered through the Blackboard LMS and rely primarily on asynchronous learning tools and methods. Courses in the MPH Dental Public Health concentration were transitioned to Blackboard in Winter 2011, and courses in the MPH Generalist concentration, along with the other programs at the School of Health Management, made the transition to Blackboard in Summer 2012. Prior to Blackboard, the courses in these programs were available to students in the WebCT LMS.

The students are provided with a syllabus one week before courses start. The students' interaction is primarily asynchronous, and weekly discussion questions prompt interaction with each other and the instructors for debate and analysis of alternative viewpoints. Deadlines for posting to each discussion board are spread throughout the week to encourage frequent interaction. Assessment techniques include papers, quizzes, blogs, wikis, presentations, group assignments, etc.

Several faculty members use video technology and import recorded announcements and lectures into the classroom. The use of Blackboard Collaborate enhances learning with synchronous learning opportunities. These synchronous learning sessions are recorded so students unable to attend sessions may view them at their convenience, and students who were able to attend can revisit and review the sessions as necessary.

In addition to faculty videos, multimedia materials from government websites, news organizations, and other educational content are frequently added to the learning activities to reinforce and enhance content from the required written materials, which include textbooks, up-to-date peer-reviewed journal articles, and website materials from government organizations and public health agencies.

Several methods of asynchronous and synchronous methods are used for communication between the student and instructor and between students. These methods include course messaging, institutional email, video chat, and telephone. Instructors are asked respond to all messages within 24 hours. While the program is designed to be flexible with respect to the scheduling of courses, most students will move through the program with the cohort they entered with. This allows the student to see familiar names each term, while simultaneously meeting other students with fresh viewpoints for the first time. This cohort method allows students to bond with each other and form friendships that sometimes last beyond the end of the program.

Evaluation of Educational Outcomes of MPH Program

The Blackboard LMS has a rich selection of integrated course tools that, when coupled with high-quality course content and skillful guidance of the MPH faculty, can lead to an enjoyable and meaningful learning experience for students. Some of the course tools that are used in MPH courses are listed and described below:

- **Discussion forums** - Discussions are used by all courses in the MPH program, and allow users to post and respond in an open forum. This tool promotes instructor-to-student and student-to-student interactions and encourages the participants to share ideas, experiences, and feedback with one another.

Student postings are assessed by the instructor and must meet minimum requirements in terms of content and research.

- **Groups** - Several courses in the MPH program use the groups to complete assessment tasks. This tool allows groups of students to work collaboratively to complete a project or task, and requires meaningful input from each group member in order to achieve success. This also allows the group of students to have a shared work area, where they can discuss ideas asynchronously through a group discussion or synchronously through chat. Group projects are assessed by the instructor following each project's requirements.

- **Journals** - Journals allow students to share personal thoughts and reflections on a given topic. Journals are primarily private between the student and the instructor, but in some instances they can be shared with other students in the course.

- **Blogs** - The blogs tool is similar to the journal tool, but it allows students and the instructor to respond to the entries and these responses are generally visible to everyone in the course. The posts in a blog and in a journal are organized by user. This is in contrast to discussion forum entries, which are organized according to topic.

- **Wikis** - The wiki tool allows students to work together to create a collaborative document. When wikis are used in a course, the students are evaluated based upon expectations specified by an instructor and a corresponding scoring guide or rubric created by an instructor. The Wiki tool allows an instructor to view the contributions and revisions made by each student.

- **Turnitin Assignments** - Most of the written assignments in MPH courses are submitted through Turnitin, a plagiarism prevention service. Turnitin checks students' submissions against online and print databases and generates an originality report that shows students and instructors which sections of text match other sources. This allows instructors to be alerted to occurrences of misuse of sources or plagiarism, and allows students to view their originality reports to make sure sources are cited appropriately.

Evaluation of Online Format and Delivery Methodologies of MPH Program

Courses are evaluated by students each term through the End of Course Survey instrument (Resource File 2-V) and the data are collected anonymously. An instructional designer extracts the data from the electronic system and sends the results to the Public Health Department Chair for review. If problems are identified, the chair determines the best course of action, including revising learning activities and/or assessment strategies for courses.

Courses are also evaluated by instructors at the end of each term (Resource File 2-W). Results of this survey are also sent to the Public Health Department Chair for review.

Provision of Administrative and Student Support Services

The ATSU Help Desk is the primary point of contact for technical support. Students may contact the Help Desk through email (helpdesk@atsu.edu), phone (660-626-2200 or 866-626-2878 ext. 2200) or browsing to the Support Center website (http://d2.parature.com/ics/support/default.asp?deptID=8020). Access to the Help Desk is available 24 hours a day, seven days a week. Response time varies, depending on the exact time of day and workload. Most issues are resolved within 24 hours. Issues specific to outside software, such as Blackboard, are dealt with through the Help Desk. The Help Desk communicates the list of known issues with the vendor so that problems may be addressed in a timely manner. Information on how to contact the Help Desk is listed on the ATSU Portal.

Academic Support Services

Academic Success Coordinators (ASCs)

The Academic Success Team provides student support services via its members, known as Academic Success Coordinators (ASCs). The MPH program has three ASCs; one of the ASCs provides support for the practicum courses for all MPH students. The ASCs operate as the point of contact for the students, and refer them to other departments (e.g., Registrar, financial aid, etc.) as appropriate. The ASCs introduce themselves to the students during the matriculation process. Once the students begin courses, ASCs maintain regular contact through email, reminding students of deadlines, requirements, and services such as the UWC. The emails help maintain ASC visibility so students never feel lost.

The ASCs monitor the online courses frequently to assess student progress. When a student is at risk, due to attendance or academic performance, an ASC initiates contact with the student to provide advice and support. ASCs also celebrate successes with the students in order to increase feelings of belonging. In addition to frequent contact by the ASC, information on how to contact an ASC is included in the syllabus of every course and through the SHM Student Resources web pages (https://sites.google.com/a/atsu.edu/atsu---shm-student-resources/?pli=1), accessible through the ATSU Portal.

The support specific to a student's practicum is that of tracking, helping to prepare the necessary documents, and the publishing and archival of the Practicum Final Report. In addition, the ASC responsible for practicum support acts as a liaison between the student and his or her Faculty Advisor and/or the Public Health Department Chair, if the need arises.

University Writing Center (UWC)

ATSU offers all of its students the services of the University Writing Center (UWC), a resource to help students improve their writing skills and increase the likelihood of success in the MPH program. The UWC is staffed with four professional adjunct faculty positions, a full-time Director, and a full-time Assistant Director. These faculty members help students improve organization, sentence structure, grammar, punctuation, citations, and references.

The UWC is available to ATSU students 24 hours a day, seven days a week. Submissions of fewer than 20 pages are returned within 24 hours. Students can access various handouts on the UWC website (https://sites.google.com/a/atsu.edu/online-writing-center/).

A student submits a paper to the UWC by attaching the paper to an email to writingcenter@atsu.edu. A member of the UWC staff edits the paper and provides feedback. Students who speak English as a second language (ESL) can access staff specially trained to help ESL students. The Director of the UWC also administers a "Proper Use of Sources" tutorial for students with unacceptably high Turnitin matches. The tutorial covers the basics of proper citing and referencing, as well as proper paraphrasing.

Information on how to contact the UWC is included in every course and via the ATSU portal. ASCs include the contact information in an email to the students on the first day of each term. A summary of the number of MPH students submitting to the UWC is provided in Table 2.12.1, and includes the number of students requesting ESL services and tutorials provided to those students referred to the UWC to address academic integrity and plagiarism issues.

Table 2.12.1 MPH Student Use of the University Writing Center					
Specialty / Concentration	2011-2012	2012-2013	2013-2014	ESL	Plagiarism tutorial
MPH Generalist	32	39	20	12	23
MPH Dental Public Health Concentration	25	33	11	10	23
Totals	57	72	31	22	46

Distance Support Librarian

The Distant Support Librarian is available to assist SHM faculty and students with access to library resources. She has developed an online site specifically for SHM that provides her contact information, library links, tutorials, and search tips.

2.12.c. Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

ATSU recognizes its responsibility to take appropriate measures to verify student identity for both residential and distance programs. The University further recognizes that the United States Federal Higher Education Opportunity Act (HEOA), Public Law 110-315, requires accrediting agencies to ensure institutions have processes through which the institution establishes that the student who registers in a distance education or correspondence education course or program is the same student who participates in and completes the program and receives the

academic credit. Thus, ATSU has developed processes and taken appropriate measures to ensure the identity of our students. These include:

1. **A secure UserID login and password:**
   Students must authenticate themselves by entering their unique UserID and password combination in order to access University information systems such as email, LMS, library databases, and related academic services. Students are responsible for maintaining the security of their usernames, passwords, and any other access credentials assigned to them. These may not be shared or given to anyone other than the user to whom they were assigned. This responsibility is outlined in the University Student Handbook.

2. **Administrative Procedures:**
   As a student progresses through the admissions, registration, and payment processes of the University, personally identifiable information may be used to verify the identity of the student.

3. **Additional Authentication:**
   The University's IT Department is actively seeking and evaluating software that would add a layer of authentication to the login process, to help verify the identity the identity of the student.

4. **Photographs:**
   In addition to the aforementioned measures, the MPH Dental Public Health concentration asks each student to provide the program with a recent photograph at the time of enrollment. The student's photograph will be kept in the file and used to identify the student when an interactive visual telecommunication technology such as video conferencing is employed.

At this time, there are no additional charges to the student for these identity verification measures.

2.12.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The MPH program is delivered entirely online. The online format is convenient for both professionals and students to accommodate class time around current jobs, family, and residential coursework. The online format makes it easy for students in rural areas and around the world to access education that may be otherwise unavailable. The MPH Dental Public Health concentration is the only dental emphasis MPH degree that is available completely online. Technical and academic services are readily accessible for the students, and the Academic Success Team maintains frequent contact with the students. With students separated by long distances from each other, collaborative learning still takes place through student discussion assignments and occasional

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group projects. The long-distance format allows students to gain perspectives from all over the country, in both urban and rural settings, and all over the globe.

Cooperative agreements with both ASDOH and SOMA allow students seeking DMD and DO degrees to also pursue the MPH degree while they are students at ATSU. The online format of the MPH program makes it easier for the students to complete their MPH degrees by the time they also complete their DMD or DO degrees.

Weaknesses

The weaknesses associated with the online programs are weaknesses that are associated with online learning in general. Students do not have the opportunity to meet with faculty or other students in person. A sense of belonging, or school spirit, is more difficult to develop. Networking is more difficult as neither instructors nor fellow students really get to know one another in the same way that a residential setting would allow. In course evaluations, students often complain about Blackboard, the LMS used at ATSU, as being slow and cumbersome. Because most communication is done via email, non-verbal communication cues will be missed, and both students and instructors are sometimes frustrated by such miscommunications and response delays.

Future Plans

As courses are reviewed, appropriate means of increasing a sense of collaboration and belonging, such as group projects, Google hangouts, and conference calls, will be considered. Students currently have the ability to video chat, either through Google or Skype, with instructors or with each other. Those means of interaction need to be increased. Email remains the preferred form of communication. Ways to encourage increasing the use of visual communication, such as holding regular office hours, will be discussed and evaluated during annual meetings.

Informational technology staff members have regular communications with the vendor of Blackboard to fix problems in a timely manner and to improve the online learning experience. Nonetheless, all LMS systems are constantly changing or upgrading, and new platforms are being introduced.

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Criterion 3: Creation, Application and Advancement of Knowledge

Criterion 3.1: Research

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

3.1.a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

One of the MPH program goals is to conduct scholarly research that advances public health knowledge. All of the research activities are based on and implemented in support of this goal.

A review of faculty research activities indicates the faculty members are currently conducting research on a variety of topics, including:

- the health of newborns,
- the association between prenatal care and low birth weight in Kansas,
- the association between prenatal care and birth outcomes in the rural US/Mexico border area,
- the effects of community-level factors on prenatal care and birth outcomes in rural vs. urban areas in Kansas,
- policy recommendations regarding the use of the human papillomavirus (HPV) vaccine,
- the association between HPV infection and oral and sexual health among college students,
- determining the impact of dolphin-assisted therapy on adaptive behavior skills on individuals with special medical needs,
- the relationship between state policies and oral cancer education for dentists,
- the use of social media to prevent oral cancer, and
- the impact of community gardens on children with special needs.

ATSU and the SHM encourage and support research through their strategic plans, mission and value statements, and other documents, such as the ATSU Academic Appointment and Compensation Contract (Resource File 3-A). The MPH program operates within the ATSU research structure with its strong research staff elements and generous faculty research incentives. ATSU emphasizes the importance of research and scholarship to faculty in its mission statement, in the SHM Faculty Handbook (Resource File 1-C) and in the *A.T. Still University Strategic Plan 2011-2015 - Becoming Preeminent: Fostering Innovation and Excellence in Health Professions Education* (Resource File 3-B).

SHM embraces the ATSU research support structure and policies. The SHM Faculty Handbook (2013, p. 8 – Resource File 1-C) states: "Full-time faculty status may only be granted to persons who … perform research/scholarly activity." It states that research and scholarship is to be one of the three primary faculty

duties. Delineation of specific activities related to research is outlined for each level of academic achievement (Assistant, Associate, and Full Professor) based on the level and sustainability of research and scholarly activity. This includes integrating research activities and findings into the classroom, submitting to peer-reviewed journals, establishing a record of extramural funding, and presentation of research findings at national meetings. The ATSU Academic Appointment and Compensation Contract (Resource File 3-A) for MPH faculty states that compensation is based on contributing to research and scholarly activity as assigned and agreed upon with the Department Chair/Director and/or Dean.

Faculty members are asked to submit updates to their professional records regarding research activity, presentations, grants, etc. whenever they occur through a form in the Faculty Forum. This triggers updates in a faculty member's record in the IRMA database. This information is then aggregated and available to the Public Health Department Chair whenever needed, including in preparation for faculty members' annual evaluations.

This information is also shared with the SHM Dean to allow tracking of research productivity for all SHM programs, and provides a mechanism to compare the results with the school's stated mission, goals, and objectives.

The MPH program at ATSU has a Memorandum of Understanding (MOU) with the South Carolina Rural Health Research Center, Arnold School of Public Health at the University of South Carolina (Resource File 3-C). This MOU, signed on February 21, 2014, is for an Applied Public Health Practices Academic Partnership that focuses on the use of research in these programs. The parties to this MOU have the common overall objective of advancing the practice of public health in rural areas through research. These advances require planning and evaluation, workforce development and training, data acquisition and management, and policy analysis and development, culminating in peer-reviewed presentations, papers, and research grant applications. Both schools' MPH programs have a long-standing record of joint competitive peer-reviewed presentations at national rural health conferences. Collaborative activities between the two programs will create a research workforce capability greater than the efforts of both programs individually. The South Carolina Rural Health Research Center conducts extensive extramurally funded research. Its faculty and staff have been informally working with ATSU faculty conducting research for several years.

Integrating Research into MPH Coursework
Research in the MPH program has two primary functions: to advance the discipline of public health and to improve health through research in public health. These functions are achieved by the scholarly activities of the faculty and through infusing the role of research in public health practice into our curriculum.

The MPH Research Committee has developed a rationale and a set of guidelines to assist faculty members in integrating research into their courses. The underlying premise is that research must be integrated into the classroom to provide students with valuable tools for their careers in applied public health practice as well as a passion for advancing public health knowledge through research. Faculty members discussed this goal and

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methods to achieve it at the annual face-to-face meeting of the MPH Research Committee in Kirksville in July 2013.

Integrating research into the individual courses is an opportunity to broaden the scope and depth of students' knowledge of public health issues and evidence-based practices. Faculty members lead students by the example of their research. This integration and interface with students benefit faculty members by encouraging them to expand research activities. Within this context, faculty and students share their interests, contribute new information, and develop new ideas. Some of the topics emphasized in the classroom are:

- selecting a research topic and generating hypotheses,
- design variables,
- data gathering,
- coding,
- research methods ,
- ethical issues,
- writing a research proposal, and
- dissemination.

Funding issues and sources for research studies are covered. Through their enthusiasm for research, faculty set the stage for a new generation of public health practitioners who will base decisions on data and research.

The MPH Research Committee members developed a presentation to guide faculty members in integrating research into their courses. A committee member gave the presentation to faculty attending the annual graduation week activities on the Kirksville campus in July 2013. The presentation slides (Resource File 3-D) are available to all faculty members in the Faculty Forum. The presentation suggested the following activities:

- reviewing research methods, research findings, research experiences,
- discussing research methods,
- developing research questions, and
- building literature reviews.

Research Priorities

The MPH Research Committee surveyed the faculty in February 2013 to determine priorities for the MPH program and the SHM in general. Based upon the survey responses (Resource File 3-E), the following priorities were recommended to the SHM Dean to enhance research:

- develop MPH program and SHM policies and procedures related to research to supplement those of the University,
- promote faculty scholarship,
- promote research interests to the SHM and ATSU administration,

- develop a website to consolidate and present current research activities at ATSU-SHM, and

- increase research focus in curriculum.

These priorities and the actions taken support the overarching goal of increasing the amount and quality of research conducted by MPH faculty and supporting the following three research objectives stated in Criterion 1:

- Objective 5.1: The MPH program will generate research resulting in 10 professional presentations annually.

- Objective 5.2: The MPH program will generate research resulting in nine submissions for peer-reviewed publications annually.

- Objective 5.3: The MPH program will participate annually in at least one grant application or grant-funded project.

Policies

The MPH program subscribes to the policies and procedures set forth by ATSU for conducting research. The policies listed below are contained in the ATSU Policies Manual and are available within the Human Resources section of the ATSU Portal.

- **Grants and Research Reinvestment Policy** (Order No. 20-112) (Resource File 3-F)
  ATSU policy relative to reimbursement for time which ATSU faculty members devote to extramural supported research or other activities. It provides that the overhead funds will be divided with an honorarium of up to 50% of the investigator's salary, 25% to the department, and 25% to the University.

- **Copyright Policy** (Order No. 10-206) (Resource File 3-G)
  Establishes the respective rights of the University and its employees with regard to copyright and distributes the revenue to the individual faculty member as follows: 50% of the first $20,000 per year, 40% of the next $20,000 per year, and 30% of all funds over $40,000 per year.

- **Intellectual Property Policy and Procedures** (Order No. 10-208) (Resource File 3-H)
  Provides a simple and effective mechanism for protecting the intellectual property of ATSU, its affiliates, and employees, as well as a means of commercially exploiting any such property. The revenue distribution policy can be found in the Human Resources section of the ATSU portal.

- **Misconduct in Science Policy** (Order No. 20-113) (Resource File 3-I)
  Provides information regarding what constitutes research misconduct. These include falsification of data, improprieties of authorship, misappropriation of others' ideas, violation of federal, state or university rules governing research, and inappropriate behavior in relation to misconduct.

- **Financial Conflict of Interest (FCOI) in Research** (Order No. 20-117) (Resource File 3-J)

  This policy provides information on what constitutes significant conflicts of interest in research and what requires reporting as such, and how to report it. Investigators must pre-disclose to ATSU's Institutional Official in the Division of Research, Grants, and Information Systems any real or potential financial interest (and those of his/her spouse and/or dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities.

In addition to these policies, a faculty committee developed promotion guidelines that included research and scholarship requirements, including:

- the faculty of SHM (including the MPH program) will engage in research related to the health professions.
- the faculty of SHM (including the MPH program) will investigate innovative strategies for health professions innovation, including a focus on interprofessional collaboration.
- the faculty of SHM (including the MPH program) will collaborate with the other ATSU schools to advance knowledge in interprofessional practices, health policy, and public health.

These guidelines were approved by the SHM Dean in August 2013 and are published in the Faculty Handbook (Resource File 1-C).

Procedures to Support Research

Time, Space and Salaries

ATSU supports research in the MPH program by contributing significant resources for this activity, including:

- space and other resources for the Division of Research, Grants, and Information Systems; the Office of Sponsored Programs; the A. T. Still Research Institute; and offices for faculty and staff;
- time and financial support for scholarly activity and for support activities, including attending conferences and the creation, publication, and dissemination of newsletters and other research-related publications, documents, and materials;
- funds for the salaries of research faculty and staff;
- space, time and salaries for research support activities, such as the Institutional Review Board (IRB);
- internet and intranet support for all of these activities through the IT department; and
- funds for initial research project development.

Intramural Funding Programs

The Office of Sponsored Programs maintains information on resources and research funds available to all schools and programs within the University at: https://sites.google.com/a/atsu.edu/sponsoredprograms/pre-award-help-information/funding-sources.

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ATSU manages the following intramural funding programs for faculty and students in all departments and programs:

- **Warner/Fermaturo and ATSU Board of Trustees Research Fund.** This fund provides initial and/or interim support for full-time faculty to conduct highly promising pilot research projects and for short-range continuation of existing projects for which sufficient funds cannot be immediately secured from other sources.

- **ATSU Strategic Research Fund**. This fund supports projects in multidisciplinary clinical research. Seed money is made available to advance the development of a strong clinical research base to provide a scientific foundation for whole person health care, as well as to provide pilot data for obtaining external funding to support such research. Funding preferences are awarded to interdisciplinary projects, as well as to those projects that involve novice ATSU faculty and/or students as members of the research team.

- **ATSU Community Health Research Grant.** The first round of competition for this grant closed April 1, 2014, and will be awarded in May. These grants provide initial and/or interim support of promising faculty research projects that match the mission and goals of ATSU and are directed toward projects in community health. At least one member of the MPH program must be on the grant application. The MPH faculty members were given preliminary information about this grant at the annual faculty meeting in July 2013. The goals of this grant include:
  - Research directed to the problems and concerns of the community with the goal of demonstrating solutions which can be implemented by communities themselves.
  - Contributing to the existing public health body of knowledge.
  - Advancement of opportunities for multi-disciplinary interaction to provide solutions which are multi-faceted.
  - Developing a cadre of public health researchers with competency in helping communities find solutions to their local problems.

The Office of Sponsored Programs

The ATSU Office of Sponsored Programs (https://sites.google.com/a/atsu.edu/sponsoredprograms/home) provides staff support available to the MPH program for faculty and students through supporting the space, time, and funding for:

- a pre-awards office,
- a post-awards office,
- statistical support, and
- manuscript support for development and submission.

The Office of Sponsored Programs is in the Division of Research, Grants, and Information Systems and serves both the Kirksville and the Mesa campuses. The office advances ATSU's mission, strategic directions, and priority areas through the acquisition of extramural grants and contracts for innovative research,

training/educational, and related healthcare initiatives to elevate ATSU's contributions to science and health and to elevate ATSU to the level of a premier health sciences university. The office maintains a database that allows researchers to determine what research is conducted to aid in building collaborative research teams. The database contains a comprehensive listing of all grant applications submitted and awards received since 2004.

The office provides research support through its Pre- and Post-Awards Offices and by publishing the *Grants and You* newsletter, which keeps faculty up to date on issues related to grant funding, development, and submission.

The MPH program faculty members have not taken full advantage of this office's services in the past. However, as the research program grows, the faculty members have full access to all the resources ATSU offers. This office has presented a program highlighting its services to the faculty group during the annual faculty meeting in Kirksville for the past two years and will be invited again in June 2014. Plans for that meeting include a work session to develop potential specific research topics.

Newsletters, Magazines, and Other Publications

ATSU provides research-related information to faculty and students through a variety of printed and electronic formats.

Faculty, students, and staff can access information through the ATSU Portal (my.atsu.edu) and by going to the ATSU website (www.atsu.edu) and looking under Departments and then the A.T. Still Research Institute. A third method is to go to *iconnect* (http://iconnect.atsu.edu) from the ATSU website and search the various headings for research-related activities and publications. Information included in these publications about research activities of faculty and students is self-reported. Information about faculty and student research for these publications is acquired by requesting this information from faculty on a quarterly basis.

- *A.T. Still University Researchers Magazine*

  The ATSU Researchers Magazine (http://www.atsu.edu/research/magazine/index.htm) is produced by the Department of Research Support, Division of Research Grants and Information Systems. It is a comprehensive report focusing on research, providing information to the ATSU community about faculty members who are conducting research and the topics of the research.

- *ATSU Research*

  ATSU Research is published quarterly by the Department of Research Support (http://www.atsu.edu/research/about/index.htm) to provide information about faculty research.

- *Grants and You* newsletter

  Information related to the *Grants and You* newsletter is available at the following website: https://sites.google.com/a/atsu.edu/sponsoredprograms/grants-and-you-newsletter?pli=1
  Grants and You is a publication of the Office of Sponsored Programs, Division of Research, Grants and Information Systems. It includes information about university-wide sponsored program submissions and

awards, upcoming funding opportunities and deadlines, announcements of research related procedural and policy changes or updates, upcoming conferences, and calls for research papers, abstracts, and posters.

- *Iconnect*

  The electronic publication *iconnect* (http://iconnect.atsu.edu/?p=2702) is a university-wide news source published by ATSU's Division of Communications and Marketing. It is accessible online by anyone and provides highlights of major research accomplishments and access to research publications by other university divisions.

Other Research Resources

The A.T. Still Research Institute

The website for the A.T. Still Research Institute is available at http://www.atsu.edu/research/index.htm. The goal of the research institute is to "explore and advance the scientific evidence base of osteopathic medicine and associated health professions within A.T. Still University" (About the Institute, Goals Objectives, http://www.atsu.edu/research/our_researchers/GoalsObjectives.htm).

Committees for Research Related Activities

- The Institutional Review Board (IRB)

  This university-wide committee meets regularly to ensure that human subjects are protected in all research activities in accordance with federal guidelines. Members of the IRB include representatives from the ATSU faculty and community representatives. Dr. James Guillory, a full-time faculty member with the MPH program, is the SHM representative.

- ATSU Interdisciplinary Research Committee

  The Interdisciplinary Research Committee meets monthly to discuss issues that involve research throughout ATSU. The committee administers the annual application review and reward processing for three internal research funds. The members come from all departments of the university. Dr. Gregory Loeben, of the MPH faculty serves on the University Interdisciplinary Research Committee.

- MPH Research Committee

  Members are responsible for making recommendations to the Public Health Department Chair regarding the strategic direction to be taken for developing research and policies to support research. The Research Committee has developed a strategic plan for research (Resource File 1-G).

ATSU Staff, Faculty, and Administration Accomplishments to Facilitate Research

The Research Committee developed the following list of priorities based upon a survey of the faculty and has accomplished the following to date:

- Develop MPH program and SHM policies and procedures related to research to supplement those of the University.
  - Held a workshop during the annual faculty meeting in Kirksville to develop faculty promotion guidelines that include a research component.
  - Created a tracking mechanism for faculty research within the IRMA database.
  - Reviewed the Faculty Research Survey and made suggestions to the SHM Dean and Public Health Department Chair regarding research in the revision of promotion guidelines.
- Promote faculty scholarship.
  - Decreased the teaching load of full-time faculty members (from three courses per term to two) to allow more time for conducting research.
  - Added $1,000 per full-time faculty member seed money for research.
- Promote research interests to the SHM and ATSU administration.
  - Conducted bimonthly meetings of the MPH Research Committee and shared outcomes with the SHM Dean.
  - Created the Research and Practice Webinar Series to allow faculty members to share their research activities with the ATSU community, as well as the greater public health community.
- Develop a website to consolidate and present current research activities at ATSU-SHM.
  - Created a Research section in the Faculty Forum, which is available to all SHM faculty members.
  - Created a wiki within the Research section to summarize the research and scholarly activities of faculty. Using the wiki tool allows faculty to update the information on their various research projects.
  - Created links within the Research section to various departments within ATSU that assist faculty with research needs, including input from the Division of Research and the A.T. Still Memorial Library.
- Increase research focus in curriculum.
  - Presented ways for faculty to incorporate research into their courses at the annual faculty meeting.

3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The MPH program faculty members have a range of research interests and expertise. Most of the research conducted by MPH faculty fits under the broad umbrella of public and community health.

One faculty member, Dr. David Line Denali, has had research published by the State of Arizona Department of Health Services and the North Country (AZ) Community Health Clinic:

- State of Arizona Department of Health Services - Does community gardening impact the BMI of youth with special health care needs? - State of Arizona Department of Health Services, July 2012.
- North Country Community Health Clinic - Does an individual's awareness of the herd immunity concept influence their desire to be vaccinated? - North Country Community Health Clinic, April 2012.

Another faculty member, Dr. Jaana Gold, is serving as the Director of a WIC (Women, Infants, Children) Oral Health Program in Florida. This program aims to improve the oral health status of children and women in the faculty member's local area of Alachua County, Florida, by providing services and then researching and analyzing the data. The program provides dental screenings, referrals for care, fluoride treatments, and oral health education for women and their children. This program has been extended to partner with the Head Start program in that area. Dr. Gold has a dual faculty appointment with the University of Florida; although the grant funds for her project are administered by UF, ATSU and its MPH program will be named when her research is published.

Collaborative research is being pursued with community and academic organizations, including the South Carolina Rural Health Research Center, the Kansas Department of Health and Environment, and the Shelby County (MO) Health Department. Memoranda of Understanding are being developed, and one has been implemented between the MPH program and the South Carolina Rural Health Research Center.

Dr. Jim Guillory has a well-established health services research program that examines the relationship between individual and community-level factors and prenatal care and birth outcomes in Kansas and the rural US/Mexico border region. He has worked with Dr. Janice Probst, the Director of the South Carolina Rural Health Research Center, for many years, studying factors related to births and prenatal care. Other collaborative partners include the Kansas Department of Health and Environment, the Department of Preventive Medicine and Public Health at the University of Kansas, the Department of Physiology at the Kansas City University of Medicine and Biosciences, and ATSU's MPH program faculty and students. Dr. Guillory also conducts research on the knowledge and use of folic acid to prevent birth defects and policies related to knowledge and use of the human papillomavirus (HPV) vaccine.

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

Table 3.1.1 Research Activity from 2011-2014									
Project Name	**Principal Investigator**	**Funding Source**	**Funding Period**	**Total Award Amount**	**Amount 2011-12**	**Amount 2012-13**	**Amount 2013-14**	**Community Based Y/N**	**Student Involvement Y/N**
Evaluating the impact of community gardens on children with special needs	David Line Denali	Arizona Department of Health	2013-17	$290,000	0	$58,000	$58,000	Y	N
Determine the impact of dolphin-assisted therapy on adaptive behavior skills of individuals with special medical needs	David Line Denali	ATSU	2013-14	$1,000	0	0	$1,000	Y	N
Low birth weight in Kansas	Jim Guillory	ATSU	2013-14	$1,000	0	0	$1,000	Y	Y
Determine the impact of dolphin-assisted therapy on adaptive behavior skills of individuals with special medical needs	Greg Loeben	ATSU	2013-14	$1,000	0	0	$1,000	Y	N
Use of social media in oral cancer prevention	S.D. Shantinath	ATSU	2013-14	$1,000	0	0	$1,000	Y	Y
Determine the impact of dolphin-assisted therapy on adaptive behavior skills of individuals with special medical needs	Mary-Katherine Smith	ATSU	2013-14	$1,000	0	0	$1,000	Y	N

Table 3.1.2 Unfunded Research Projects, 2011-2014					
Project Name	Principal Investigator	Collaborators / Organizational Support	Community Based Y/N	Student Involvement Y/N	Academic Year
Does an individual's awareness of the herd immunity concept influence their desire to be vaccinated	David Line Denali	North Country (AZ) Community Health Clinic	Y	Y	2011-12
Social risks influence on dental visits and oral health status	Jeffrey Chaffin	Melissa Olson and Alyssa Yang, Wisconsin Department of Health Services	Y	N	2013-14
HPV infections, oral and sexual health among U.S. college students	Jaana Gold	ACHA	N	N	2013-14
Oral health knowledge and practices of WIC staff in north central Florida	Jaana Gold	University of Florida	Y	N	2013-14
Oral health of children attending WIC in north central Florida	Jaana Gold	University of Florida, American Dental Hygiene Association	Y	N	2013-14
Low birth weight in Kansas	Jim Guillory	Kansas Department of Health and Environment; University of Kansas; Kansas City University of Medicine and Biosciences; the South Carolina Rural Health Research Center	Y	Y	2011-12 2012-13 2013-14

3.1.d. Outcome Measures for Research Activities - Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings), and other indicators.

One of the goals of the MPH program is to conduct scholarly research that advances interdisciplinary public health. Three measures track this research:

- professional presentations,
- peer-reviewed scholarly publications, and
- grant application or participation.

The ATSU MPH program is now consistently exceeding the target for professional presentations. This is the foundation for the next steps, which include an effort to increase the submissions for peer-reviewed publications and submissions for grant-funded projects.

Table 3.1.3 Outcome Measures for Research Activities				
Outcome Measure	Target	2011-12	2012-13	2013-14
The MPH Program will generate scholarly activity resulting in 10 professional presentations annually.	10	5	11	15
The MPH Program will generate scholarly activity resulting in nine submissions for peer-reviewed publications annually.	9	2	5	7
The MPH program will participate annually in at least one grant application or grant-funded project.	1	2	2	10

3.1.e. Description of student involvement in research.

MPH students gain research knowledge and experience through the research emphasis in several courses in the program. Basic knowledge is acquired through core courses in epidemiology (EPID 6100 or EPID 6150) and biostatistics (BIOS 7000 or BIOS 7050). Additional research knowledge is gained through a required course in research (PUBH 5200 or PUBH 5250). These courses build research knowledge and skills that can be applied in subsequent core courses and elective courses, as well as in research activities carried out with faculty.

Two dental concentration students are working with Dr. S.D. Shantinath on a research study: Oral cancer related continuing education for dentists: A survey of state-level requirements. These students will be presenting a webinar in the Research and Practice Webinar Series with Dr. Shantinath in April 2014.

3.1.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

The MPH program research activities are supported within the department, as well as by the ATSU Division of Research, Grants and Information Systems. Policies and procedures are in place to support research. Research is promoted in strategic plans, policies, and procedures within the department and the University.

Support for research by the SHM Dean provides additional funding for community-based research and additional faculty time through decreased teaching responsibilities for MPH faculty. A block of time has been identified during the summer months for faculty to conduct research. Faculty members have no teaching responsibilities during this time.

The A.T. Still Memorial Library actively assists MPH faculty with literature searches related to research projects.

The SHM works with the MPH program to offer a bi-monthly, online research webinar series, in which faculty members present their research to other faculty in the department and the University, as well as to others invited to attend. Research interests, projects, and progress are shared in the Research section of the Faculty Forum in Blackboard.

The ATSU Division of Research, Grants, and Information Systems is available to assist MPH faculty with activities related to data and statistical management, grant and manuscript writing, and all other aspects of conducting research, including pre- and post-award support.

The SHM Dean has established the Research Committee to facilitate research by identifying faculty needs, then developing those needs into a plan for increasing research within the MPH program.

Outcome measures have been established related to the amount of research done, the numbers of presentations given, and the number of peer-reviewed research articles published. These outcome measures are reasonable given the mission of a program that has traditionally focused on training professionals who work at the applied professional level in healthcare. The faculty has developed the research program systematically, beginning with presentations that compete favorably at the national level that have created research foci and have built a record of success comparable to mature research programs. As the program develops, the number of grant applications submitted and funded will also be tracked.

Faculty members conduct research and publish regularly on topics to improve the health of the public, as well as the practice of public health. They attend meetings as well as serve as members of numerous local, state, and national public health organizations. They present webinars to share their research with others.

Faculty and administration are actively engaging in collaborative research with community and academic organizations: South Carolina Rural Health Research Center, Kansas Department of Health and Environment, Shelby County (MO) Health Department. Memoranda of Understanding are being developed, and one has been implemented between the MPH program and the South Carolina Rural Health Research Center.

Student involvement is encouraged by faculty members actively informing students of ongoing research projects in which they may participate, as well as students expressing an interest in conducting research. The faculty has increasingly worked to engage students in public health research.

The MPH program has collaborated with the A.T. Still Research Institute to actively create incentives for faculty research, with a focus on developing externally funded research. The initial effort is through the Community Health Research Grant. The first round of applications was due April 1, 2014; grants will be awarded in May 2014. This seed money effort is a major step in the march to a fully mature research program with externally funded research.

Weaknesses

The MPH faculty members are geographically dispersed across the country. This weakness is mitigated with the use of online tools for collaboration.

Faculty members are conducting research, much of it on similar topics. The recent emphasis on research has not allowed faculty sufficient time to develop a critical mass of researchers who focus on a particular topic. Through many meetings that have occurred and the reports that have been gathered, this weakness can be overcome as faculty members become more aware of opportunities to share common research interests.

Future Plans

Administration leaders will continue to support activities to generate more internal funds and more faculty release time to conduct meaningful research. This will allow faculty to gain grant-related experience that will lead to external funding. Administrators and the MPH Research Committee will encourage faculty members with common interests to build research teams.

Retention and recruitment of faculty will focus on retaining and acquiring faculty with an established history of research accomplishments.

The Research Committee will continue to conduct annual surveys and use this information to develop plans to facilitate and increase research.

The faculty and administration will continue to work to establish MOUs with local, state, and national agencies and organizations to enable the faculty to collaborate with established researchers and to provide data and other support for conducting research.

Students will be actively engaged in research whenever the opportunity arises. Developing additional research courses as program electives may be considered and the instructional design team will assist faculty in incorporating research into courses as appropriate. Students will also be encouraged to present during the research webinars.

The MPH program supports the ATSU Strategic Plan for the development and support of research and scholarly activity. The department recommends the following strategic initiatives from the ATSU Strategic Plan be implemented by the department:

- Encourage all full-time ATSU faculty to become active scholars who are committed to scientific discovery, generating new knowledge, expanding the boundaries of the discipline, engaging in translational research, performing sponsored programs research, or engaging in the scholarship of teaching and learning.
- Increase the opportunities available for students to participate in both faculty-guided and independent scholarship.

Criterion 3.2: Service

This program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

3.2.a. Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The MPH program has policies and procedures that encourage faculty to engage in community service. They are included in the SHM Faculty Handbook and the ATSU Academic Appointment and Compensation Contract (Resource File 3-A).

The MPH program has faculty dispersed across the United States. This gives the program a unique opportunity to develop service-related public health activities across the country and to participate in many different types of ongoing public health activities at many levels of public health. Faculty members serve on community boards, review journal articles, serve as members of community-based committees, or volunteer their time for community service to improve health. The MPH program recognizes the need to perform more hands-on activities where faculty work to improve the quality and quantity of service in communities by working with public health agencies and not-for profit organizations to improve the health of the public. This technical assistance adds resources that enable local organizations an opportunity to have a more active voice in the public health program.

The challenge is to find local programs that can benefit from such a relationship. One such relationship has been established with the Shelby County (MO) Health Department Director and the NMCHN to develop a service program. This organization was selected primarily due to its proximity to the Kirksville campus. Another reason for the selection is found in literature that suggests county public health administrators could benefit from strategies to increase the diffusion of best practices and innovations (Merrill, 2012).

To determine the organization's needs, Dr. Don Altman, the Dean of the School of Health Management and then-Public Health Department Chair, met with the health department administrator, Ms. Audrey Gough, in Summer 2013. Ms. Gough suggested that collaboration activities could be extended to the NMCHN, a group of administrators of 16 county health departments in north central Missouri. At her invitation, Dr. Altman met with the group in August 2013 to discuss the collaboration. Before the meeting, a proposal was sent to the health officers as an introduction and as a method of documenting our mutual needs.

A sample Memorandum of Understanding (MOU) was included in the mailing. This MOU (Resource File 3-K) has been signed by all parties.

Based on the results of these meetings, the SHM Dean developed the ATSU MPH program-Shelby County Workgroup. In its July meeting, the group determined that the following issues and ideas would be of interest to its members as part of a collaborative effort with the MPH program faculty:

1. Training needs: Technology for parents on how to keep their families safe in the cyber-world. There are many apps and software that parents do not know much about (Snapchat, iSmarty, etc.). How can they determine what is good or not good for their children?
2. Community Needs Assessment: Six counties indicated initial interest (Adair, Clark, Knox, Macon, Monroe, and Schuyler counties).
3. Community Health Improvement Plans: Putnam County indicated an interest.
4. Strategic Planning
5. Student Practicum Placement
6. Support for Grant Applications

These ideas and issues form a starting point for the workgroup's collaborative efforts and have been prioritized with the highest priority service activity assigned to the Community Needs Assessment as an obvious starting point.

The first completed service activity is the *County Needs Assessment Data Project* (Resource File 3-L). The project was done by Dr. Michael Samuels and conveyed to the Shelby County Health Director by Dr. David Line Denali, the overall MPH coordinator assigned to the NMCHN project. The report provides timely, county-specific data that will be used to assist the planning efforts of the 16 county health departments that make up the NMCHN.

The second service activity, *Bullying: Needs Assessment, Data Collection & Intervention* (Resource File 3-M), is in progress under the leadership of Dr. Mary-Katherine Smith. The project goal is to assist the group's counties – Shelby County, in particular – in efforts to assess and address bullying in the schools. Plans, timelines, and methods to best meet the needs to understand and address bullying were determined in Fall 2013. Barriers and challenges, as well as opportunities and partners (school districts, etc.) were identified in late Fall 2013. Surveys are being developed in Spring 2014 for each age group to capture the main concerns of the counties. Surveys will be distributed and data collected through the local school districts (Fall 2014). Once data are collected, they will be analyzed and distributed to the counties (Winter 2014). An intervention to address bullying will be developed to be implemented in the area schools (Spring 2015) based on the data analysis.

3.2.b. Description of the emphasis given to community and service activities in the promotion and tenure process.

MPH program faculty members are expected to perform community service that contributes to the advancement of public health practice, in addition to providing service to the university. Promotion in academic rank is related,

in part, to providing community service. This expectation is based on guidelines in the SHM Faculty Handbook and the ATSU Academic Appointment and Compensation Contract.

Service activities may include serving as a member of, and contributing to, professional organizations, and using one's expertise to contribute to the advancement of public health practice at the local, state, or national level.

3.2.c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

Table 3.2.1 Faculty Service from 2011-2014				
Faculty Member	**Role**	**Organization**	**Activity or Project**	**Year(s)**
Don Altman	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
Jeffrey Chaffin	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
David Line Denali	Type II Incident Commander, Search and Rescue	State of New Mexico	New Mexico State Police	2011-12 2012-13 2013-14
David Line Denali	Steering Committee Member	State of New Mexico	New Mexico State Police Special Operations Unit	2012-13 2013-14
David Line Denali	Emergency Medical Technician, Community Medical Provider	City of Nutrioso, Arizona	Nutrioso Fire Department	2011-12 2012-13 2013-14
David Line Denali	Financial Advisor	Southern Apache County, AZ	Hummingbird Early Intervention Services; Community Garden	2012-13 2013-14
David Line Denali	Coordinator, Behavioral Health	City of Springerville, AZ	Youth at Risk; Apache Rescue Team	2011-12 2012-13 2013-14
David Line Denali	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
Lihua Dishman	Facilitator	American College of Healthcare Executives	Healthcare Finance Part II workshop	2012-13
Lihua Dishman	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
Jaana Gold	Volunteer dentist		School-based sealant program in Gainesville, FL	2011-12 2012-13 2013-14

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Faculty Member	Role	Organization	Activity or Project	Year(s)
Jaana Gold	Volunteer dentist		School-based dental screening program, Alachua County, FL	2011-12 2012-13 2013-14
Jaana Gold	Editorial board member	Journal of the International Society of Preventive and Community Dentistry	Review article submissions	2012-13
Jaana Gold	Director	University of Florida WIC Oral Health Program	Provide preventive services to at-risk populations	2012-13 2013-14
Jaana Gold	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
Jim Guillory	Volunteer	Kansas City Free Clinic	Provided clinical services	2012-13
Jim Guillory	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
Greg Loeben	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
S.D. Shantinath	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13
Mary-Katherine Smith	Presenter	Fort Worth Zoo Education Center; Little Apostles Preschool (Lewisville, TX)	Best practices & strategies for the classroom: Working with sensory processing disorder and autism spectrum disorder in pre-school-aged children	2012-13
Mary-Katherine Smith & David Line Denali	Presenters	Diocese of El Paso Tepeyac Institute	Online education: Reaching and teaching the adult learner	2012-13 2013-14
Mary-Katherine Smith	Volunteer/Participant	Missouri Department of Mental Health, Kirksville Regional Office	Dash for Disabilities	2012-13

3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

These measures were developed during the CEPH Committee meetings early in 2011. Emphasis has been placed on encouraging faculty to take an active role in professional organizations and to take on leadership roles whenever possible.

Student data is collected through self-reporting to the Associate Dean of Academic Success and Assessment. More effort needs to be made to encourage student service activities and to formally collect the data to support the service of the students in the MPH program.

Table 3.2.2 Outcome Measures for Service				
Outcome Measure	Target	2011-12	2012-13	2013-14
Percentage of faculty with membership on committees and boards of regional and national public health associations, organizations, and agencies	100%	50%	81.8%	72.7%
Percentage of faculty with leadership on boards of regional and national public health associations, organizations, and agencies	50%	40%	63.6%	45.5%
Percentage of students who report engagement in professional/community service during their MPH program	30%	17.7%	6.6%	4.3%

3.2.e. A description of student involvement in service outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Guided by the mission of ATSU and the MPH program, many of the students have freely given their time and talents to help underserved and vulnerable populations. Because these online students are located across the country, the impact of their efforts is felt nationally.

Populations served by the students include HIV-positive individuals, women and children, Indian nations, individuals with disabilities, support groups, community health centers, and those who serve communities, such as first responders. Serving these groups, the MPH students have provided specialized education to children, teens, adults, and selected groups. They have assembled care packages, served as mentors, built shelters, provided dental care, demonstrated sport safety for coaches and children, and delivered other services.

As an example of an activity, Sarah Spencer, an MPH student, organized an autism awareness race *Dash for Disabilities* to support the Adair County (MO) People First organization. The outcome was more than 60 participants in a 5K race and one-mile walk and approximately $1,200 raised for the organization, which assists individuals with developmental disabilities. Spencer worked with the Missouri Department of Mental Health - Kirksville Regional Office, the Adair County SB40 Developmental Disability Board, and Adair County People First to develop appropriate activities so those with disabilities could participate as well either in the activity or in a support role as a volunteer, determining a race route, reaching out to the community for support, advertising at local news and radio, posting on racing websites, and designing and distributing fliers for community awareness. Due to the success of the event, Spencer was asked to become a member of the Disability Awareness Committee of Adair County and had speaking engagements about the race with different organizations. She currently has several offers to promote other events for other underserved groups.

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Students in the MPH Dental Public Health concentration have the opportunity to participate in an annual Free Community Health and Wellness Day held each spring. The ATSU Student Government Association (SGA) recruits student volunteers. The event includes about 75 student volunteers and provides services to about 500 community members.

These activities are tracked by the Dean of Academic Success and Assessment through a self-reporting system. Over the academic years included in this self-study, 77 MPH student participated in 161 events, projects, or service activities. A sample list is included in Table 3.2.4, with a complete list of service activities included in Resource File 3-N. An ongoing, formal process for collecting these data is needed and is being developed, with implementation planned for the beginning of the 2014-15 academic year.

Table 3.2.4 MPH Examples of Student Service Activities – Sept. 1, 2011 –Aug. 31, 2014					
NAME	**Activity or Project**	**Location**	**Population Served**	**Organization/ Agency Served**	**Year of Activity**
Thuyvi Amy Truong	Oral Health Instructor regarding oral manifestations of Crohn's Disease	Tempe (AZ)	Families, friends, supporters of those with Crohn's or colitis	Crohn's & Colitis Walk	2011-12, 2012-13, 2013-14
Jonathan Brennan	Mosaic Senior Center – provided oral health education and referrals to senior citizens	Phoenix (AZ)	Senior citizens	Area Agency on Aging Senior Center	2011-12
Aaron Fisher	Building houses	Phoenix (AZ)	Homeless people	Habitat for Humanity	2011-12
Mariya Andriasian	Social determinants ofhealth in Central Valley Type II Diabetes Mellitus Patients	Visalia (CA)	Type II diabetes mellitus patients	Family Healthcare Network	2012-13
Keith Dungo	Pre-planning visit quality tool and immunization rates in the Lutheran Family Health Center Network	Brooklyn (NY)	Families	Lutheran Medical Center	2012-13
Michelle Baker	Vice president	Kentucky	Environmental, safety & health professionals	Kentucky Chapter of Hazardous Materials Managers	2012-13
Erik Klintmalm	Volunteer	Dallas (TX)	Underserved populations (primarily Hispanic)	Dallas Community Dental Clinic	2013-14
Yazan Aljraki	Smith for Bucks – improving oral health knowledge and hygiene practices	Bucks County, Philadelphia (PA)	School children between the ages of 6 and 15	Armor dental Clinics	2013-14
Dionne Myers	Urban search & rescue drill volunteer victim	Ventura County (CA)	Ventura Co. emergency response system and residents	Ventura County Fire Department	2013-14

3.2.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

The MPH program actively pursues service needs in the community and rewards faculty for service activities. These activities include serving local health departments and community agencies, and serving as a member or in roles of leadership for state and national government and non-government agencies. The University provides clear guidelines for the requirement to do this in the SHM Faculty Handbook and the ATSU Academic Appointment Compensation Contract.

The Public Health Department and the University provide funds for travel and membership in public health organizations. They provide rewards for participation in meaningful activities for these organizations. These rewards include advances in faculty rank and awards for service.

The Department and the University provide time to participate in these activities.

Because of the distances involved from one University campus to another, and between faculty members, the Department strives to develop relationships with health agencies and organizations in close proximity to the two main campuses, such as the one with the Northeast Missouri County Healthcare Administrators. The MPH faculty has provided county-specific data to the NMCHN administrators and will follow up with a survey to assess its usefulness and potential for research activities.

Weaknesses

The geographically diverse nature of students and faculty within the MPH program has challenged the school to contribute to the engagement in community service by faculty members.

Community service activities need to be more diverse and involve more communities. These opportunities are available to all faculty and students, but there is no central point of contact for agencies and organizations that may be interested in working with the department.

More effort needs to be made to collect data on student service activities. Currently, the program gathers the data as students self-report it.

Future Plans

The MPH program will actively seek community partners, especially local health departments, who will benefit from working with public health faculty and students. This process will focus on partners in proximity to our Kirksville and Mesa campuses initially, to facilitate the collaboration. Faculty will be assigned and regular meetings conducted, with activities planned, implemented, and assessed. Evaluation must ensure the needs of both the community partner and the MPH program are met. Reports will include useful data that track progress, including successes and failures, along with a plan for process and outcome improvement.

Criterion 3.3: Workforce Development

The program shall engage in activities that support the professional development of the public health workforce.

3.3.a. A description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The MPH program serves the workforce training needs of the public health community. Logically, the first opportunities for providing community service or continuing education activities are near the Kirksville and Mesa campuses. The SHM Dean met with the Shelby County (MO) Health Department Director and then the NMCHN. The administrators expressed a need for professional development for employees. They identified specific training needs and a desire to participate in online instruction. As the project progresses, MPH faculty members will use their expertise in subject areas, as well as online course design and teaching, to develop specific training courses for online asynchronous delivery. An assessment of workforce training needs will be conducted annually by MPH program faculty members and administrators.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those are offered in a distance learning format should be identified. See CEPH Data Template 3.3.1 (i.e., optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.3.1 (research), or Template 3.3.2 (funded service), respectively.

The goals of the first project – a five-year joint initiative between ASDOH and SHM – are to enhance and expand the emerging DMD/MPH dual-degree track and to graduate oral healthcare professionals who go on to serve as leaders in enhancing patient access and improving oral health outcomes, especially in vulnerable populations. The program affords students an opportunity to graduate with two integrated and synergistic degrees simultaneously. The MPH component is delivered online and infused primarily into the second and third dental school training years. The patient populations affected by this project's trainees include thousands of vulnerable and underserved patients at ASDOH's dental clinics, Community Health Centers (CHCs), Indian Health Service (IHS) clinics, and other public healthcare settings. To date, the program is exceeding target enrollment and graduation figures, students are gaining clinical experiences in diverse public health settings, and the curriculum is being enhanced to prepare graduates to serve as leaders in oral public health.

Dr. Don Altman is the Deputy Project Director for the grant. He developed the MPH dental emphasis curriculum and works with dental students to move from the certificate program to the master's degree completion. A full-time faculty member teaches courses and works as a mentor with these dual-degree students. This faculty member/mentor, Dr. S.D. Shantinath, helps students with the dual-degree requirements – from serving as a faculty advisor for practica to helping students discover their practicum and research interests in public health. As Deputy Project Director, Dr. Altman serves on all committees and must approve all expenditures related to the grant.

The KCOM Pre-Doctoral Training Project enhances the family medicine core didactic training program for osteopathic medical students in patient safety, oral health, and quality improvement. It enhances the family medicine training program via three distance-learning modules on patient safety, oral health, and quality improvement. It develops and offers timely family medicine humanities electives on professionalism and literature and medicine that are available to all ATSU students.

Dr. Samuels' role in the grant is to act as a Public Health Curricular Expert, providing expertise for KCOM's public health curricular plan by development of two new public health elective courses, and development of three asynchronous public health modules. He has developed an introductory course covering public health history, social determinants of health (mortality/morbidity), health communications and informatics (epidemiology/biostatistics), health systems and health policy, preventive medicine and health promotion, and ethics in public health. He has completed the first asynchronous public health module. This module introduces the state of social inequities in the world, the United States, the individual states, and the community.

Table 3.3.1 Funded Training/Continuing Education Activity from 2011 to 2014							Participants Served		
Faculty Member	**Role**	**Project Name**	**Funding Period**	**Funding Source**	**Total Award Amount**	**Current Year's Award**	**2011-12**	**2012-13**	**2013-14**
Donald Altman, DDS, DHSc, MPH, MBA, MA	Deputy Project Director	DMD/MPH Workforce Development Initiative: Producing Real Health Leaders for CHCs and Public Health Settings	Sept 2010 – June 2015	HRSA	$1,500,018	$300,000	24	22	24
Michael Samuels, DrPH	Consultant (2010-13) Investigator (2013-15)	KCOM Predoctoral Training in Primary Care Project	Sept 2010- June 2015	HRSA	$1,113,308	$204,165 (2013-14)	0	0	4

The MPH program and ATSU have ongoing programs that have served the continuing education needs of internal faculty for many years. These programs include the faculty development sessions during the annual faculty gathering the week of SHM graduation.

The MPH program has identified the need for additional continuing education programs for program faculty and for faculty at other public health schools and programs, and for public health workers. To accommodate these needs, the MPH program has developed the Research Webinar Series and the Community Continuing Education in Current Issues in Public Health Series, as well as investigating opportunities with the Public Health Foundation's TRAIN (Training Finder Real-time Affiliate Integrated Network) system.

Research and Practice Webinar Series in Public Health

This webinar series focuses on research conducted by the MPH program faculty. Currently, every third month a faculty member from the MPH program discusses his or her research with those who attend the webinar. This series began in February 2014, with Dr. Jim Guillory presenting his research on "Predictors of Low Birth Weight in Kansas." Invitations were extended to all SHM faculty and staff (including adjunct faculty), and all webinars are now being offered to all faculty and staff of ATSU, as well as others through emails encouraging the sharing of this information. This allows the MPH program to engage public health faculty from other institutions. As the series grows, attendees and others in the public health field will be invited to present their research as well. The second webinar in the series – Continuing Education Requirements for Dentists: A Survey of Oral Cancer Related Requirements – will be offered April 22 by Dr. S.D. Shantinath, who will present with four ASDOH students: Angela Lee, Michael Pysnak, Amy Truong, and Pratiksha Amin. Lee and Truong are ATSU MPH students.

Providing Conferences in Public Health

In December 2011 and 2013, Dr. Jim Guillory presented sessions at the ATSU Big Cedar Continuing Education program for DOs and MDs. This effort was coordinated with the ATSU Office of Continuing Education.

Dr. Guillory, the MPH Research Committee Chair, is working with Ms. Kimberly Blackman, the Director of the Continuing Education Advisory Committee (CEAC), to create and implement another program to provide continuing education and offer educational credits in public health.   The CEAC consists of 13 members, including the Research Committee Chair. Committee members serve as liaison representatives to each ATSU school. The Senior Vice President of Academic Affairs and each respective school dean appoint committee members.

In the past, the CEAC has focused its activities on providing continuing medical education to osteopathic physicians. That focus is shifting to a broader perspective that includes continuing education in public health as part of the mission of ATSU (which includes whole person health care, community health, interprofessional education, and underserved populations). The CEAC, and its subcommittee focusing on public health, is

developing a curriculum that can offer courses and credit to public health faculty and workers at ATSU and at other sites. This curriculum is anticipated to begin offerings in Fall 2014.

Community Continuing Education in Current Issues Series in Public Health

Plans are under way to begin this series in June 2014, during the annual faculty meeting in Kirksville. Faculty from other programs in the SHM, as well as the residential faculty from KCOM and MOSDOH will be invited to attend the live events, which will also be recorded for viewing as a webinar by those unable to attend. Initial course offerings will focus on providing learners with information about the 10 Essential Public Health Services, linking them to the core competencies. Other topics of public health interest will include lectures in:

- biostatistics,
- epidemiology,
- environmental Science,
- emerging and re-emerging infectious diseases, and
- bioterrorism preparedness

3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

Dental students at the Mesa campus have the opportunity to earn a public health certificate by completing a block of five courses in public health. These courses include:

- PUBH 5050: Introduction to Dental Public Health
- HLTH 6400: Behavior Sciences and Educational Concepts
- EPID 6150: Dental Epidemiology
- SHMG 6000: Global Health Issues
- PUBH 5500: Financing Dental Care

Thus ATSU dental students can have an understanding of public health issues, even though they may not practice in a public health setting, addressing the ATSU goals of whole personal health care and community health. This certificate program has been offered to students on the Mesa campus since 2007, and it will be extended to dental students on the Kirksville campus in Fall 2014. The number of students in the certificate program are detailed in Table 3.3.2.

Table 3.3.2. Certificate Student Data for 2011-2014			
	2011-12	**2012-13**	**2013-14**
Number of newly admitted students	72	66	70
Number of currently enrolled students	108	100	137
Number of students completing coursework	61	73	60

3.3.d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

At this time, there is nothing in the faculty handbook that addresses strategies for continuing education and workforce development. These efforts are relatively new for a program that has traditionally focused on teaching; therefore the MPH program will need to address this issue in the near future.

3.3.e. List of other educational institutions or public health practice organizations if any, with which the program collaborates to offer continuing education.

The MPH program currently does not collaborate with other educational institutions or public health organizations.

3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

The MPH faculty and staff at the Kirksville campus have successfully demonstrated the ability to develop, implement, and monitor the success of distance education programs. This has been their forte since the MPH program was established. The faculty and staff at the Mesa campus have demonstrated the ability to develop, implement, and monitor the success of face-to-face programs based on their experience over the past several years. The two groups of faculty and staff, both of which include MPH program faculty and staff, exhibit extensive knowledge and experience to be used to serve the continuing education needs of the public health community.

The result is that the MPH program engages in activities that support the professional development of the public health workforce. These activities include both face-to-face encounters that are part of the annual graduation week meetings, as well as online activities.

The MPH program has initiated periodic assessment of the continuing education needs of the communities served by the NMCHN. This is an acknowledgment of the need to actively engage community agencies and organizations near the ATSU campuses and determine how the MPH program can assist in providing continuing education to the agencies' staffs.

The MPH program uses secondary data provided by leading government and non-government agencies (e.g., Centers for Disease Control and Prevention [CDC], HRSA, March of Dimes, Robert Wood Johnson Foundation) to determine topics of public health interest that can serve as the basis for faculty development during the annual graduation week meetings.

Weaknesses

The provision of continuing education programs to the public health community is a new undertaking for the MPH program. Thus there are no guidelines, policies, or procedures to conduct this activity. Programs need to be developed. Funding support is not fully developed.

The geographic dispersion of the MPH faculty challenges efforts to implement a collaborative continuing education workshop for public health professionals. However, faculty members have the unique opportunity to serve as experts in their local areas, and many of them contribute individually to local continuing education efforts. This practice needs to be encouraged so faculty members continue to seek ways to contribute to public health training.

Future Plans

The faculty handbook will be updated in the next version to include strategies for addressing continuing education and workforce development expectations of the faculty.

In the next year, the MPH program will begin developing a cadre of educational institutions and public health practice organizations with whom the program can collaborate to offer continuing education opportunities. The MPH program will continue to work with the ATSU Office of Continuing Education to contribute to CEU efforts for public health and medical professionals whenever appropriate. The MPH program representative on the University Continuing Education Advisory Committee will work to promote opportunities for public health-oriented training whenever possible.

The Research and Practice Webinar Series will continue, with administrators seeking funding to institutionalize the program and increase the marketing efforts to expand the audience. Faculty development offerings during the graduation week meetings will continue, and public health professionals in the area will be invited to sessions that would be of interest to them. The success of these programs will be monitored by maintaining a record of attendance and by conducting post-program surveys.

Additional opportunities for utilizing the MPH faculty members' expertise will be investigated, particularly with the Training Finder Real-time Affiliate Integrate Network (TRAIN) program of the Public Health Foundation.

TRAIN is the nation's premier learning resource for professionals who protect the public's health. Health professionals and students can access courses offered by TRAIN affiliates (https://ks.train.org/DesktopShell.aspx). Below are some typical courses that may be offered:

- Health Impact Assessment and Weatherization Plus Health: Leveraging New Funds, Partners, and Opportunities to Improve Health and Residential Energy Efficiency
- The Affordable Care Act (ACA) and What It All Means for You
- TRAIN Demonstration: Learning the Basics
- Advanced STD Intervention (ASTDI)
- Diagnostic Parasitology I
- Diagnostic Parasitology II: Bloodborne and Tissue Parasites
- Influencing, Networking & Partnership in Public Health

According to the national office of the Public Health Foundation, there are 30 states and other organizations that participate in TRAIN as well as many universities and other organizations, thus providing more than ample resources for continuing education and faculty and workforce development in public health. The MPH Research Committee Chair is currently researching opportunities for MPH program faculty to become involved in these efforts.

References

Merrill, J., Orr, M. G., Jeon, C. Y., Wilson, R. V., Storrick, J., & Carley, K. M. (2012). Topology of local health officials' advice networks: Mind the gaps. *Journal of Public Health Management and Practice, 18*(6), 602-608.

Criterion 4: Faculty, Staff and Students

Criterion 4.1: Faculty Qualifications

The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program's mission, goals and objectives.

The MPH program is supported by eight full-time faculty members, one half-time faculty member, and one administrator (the Public Health Department Chair). The SHM Dean also serves as a faculty member to the program. All but one of these faculty members has earned doctorate degrees; that faculty member has a 50% appointment to the MPH program and is currently in the final stages of earning her doctoral degree. All but three have a Master or Doctorate of Public Health degree, all from CEPH-accredited Schools of Public Health or public health programs. As discussed in more detail in Section 4.1.c, all faculty members have been active outside of academia and bring extensive public health experience to their positions and the classroom. Their areas of expertise span across the public health core functions, including health policy, rural health services, emergency preparedness, epidemiology, environmental health, and medical, mental, and dental clinical health.

MPH Dental Public Health courses are supported by adjunct faculty who are working in public health and possess a dental degree and/or a Ph.D. Five of the MPH Dental Public Health adjunct faculty also have a Master of Public Health degrees from CEPH-accredited Schools of Public Health or public health programs. The MPH courses are also supported by adjunct faculty who possess degrees appropriate for the courses they teach (e.g., J.D.). Two of these supporting faculty members have MPH degrees from CEPH-accredited schools of public health or public health programs, and all supporting faculty members have extensive experience in the public health field as discussed in Section 4.1.c.

Additionally, full-time faculty members from other graduate programs within the School of Health Management sometimes teach courses taken by MPH students. These faculty members have terminal degrees in their fields and augment the MPH curriculum with other areas of expertise. One of those supporting professors has both an MPH and a Dr.P.H. from CEPH-accredited Schools of Public Health. The qualifications and areas of instruction for the current full-time and adjunct faculty members are presented in tables 4.1.1 and 4.1.2.

Section 4.1.c reviews the extensive professional backgrounds that complement the academic experience of each of the adjunct faculty members. Their specific expertise, whether in public health, health law, personal coaching, or social media, brings added depth and knowledge to the classroom.

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas, and k) current research interests. See CEPH Data Template 4.1.1

***Note: classification refers to alternative appointment categories that may be used at the institution.**

The following table lists all full-time faculty members. There is no tenure system in the SHM and the MPH program.

Table 4.1.1 Primary Faculty Who Support the MPH Program										
Name	Title / Academic Rank	FTE	Status	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Institutions of Graduate Degrees	Instructional Area(s)	Research Interests
MPH General Faculty										
David Line Denali	Assistant Professor	1.0	Full-time	M	White	PhD	Health, Physical Education & Recreation	University of New Mexico	Environmental Health Sciences; International Health Policy; Public Health Systems, Policy & Management; Public Health Policy & Management	Impact of water shortages on public health; impact of health education on student's self-concept; effectiveness of the incident command system within public health; injury rates in endurance sports
						MPH	Public Health	University of New England		
						LMSW	Social Work, Management	State University of New York		
Lihua Dishman	Assistant Professor	.50	Full-time	F	Asian	MBA	Business Administration	Wayne State University	Biostatistics; Biostatistics for Dental Research	Relationship of financial outcomes to capital asset management

Name	Title / Academic Rank	FTE	Status	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Institutions of Graduate Degrees	Instructional Area(s)	Research Interests
MPH General Faculty (continued)										
James Guillory	Professor	1.0	Full-time	M	White	DO	Osteopathy	Kansas City University of Medicine & Biosciences	Public Health Biology; Community Health Assessment; Introduction to Public Health; Fundamentals of Research in Public Health	Maternal & child health disparities in birth outcomes; prevention of infant morbidities & mortality; childhood obesity; relationship between insurance status & health
						MPH	Public Health	University of South Carolina		
						MA	Biochemistry	University of Kansas School of Medicine & Biosciences		
Michael Jackson	Public Health Department Chair; Professor	1.0	Full-time	M	White	PhD	Health Education; emphasis in Community Health	Southern Illinois University	Behavior Sciences & Educational Concepts	Public health & higher education; behavioral health
						MPH	Health Behavior & Health Education	University of Michigan		
Greg Loeben	Associate Professor	1.0	Full-time	M	White	PhD	Philosophy	University of Arizona	Public Health Practicum; Professionalism & Ethics	Medical ethics; clinical ethics; end-of-life decision making; rural bioethics; access to health care; healthcare disparities; new technologies; environmental health; disaster planning; social determinants of health
						MA	Philosophy	University of Arizona		

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Name	Title / Academic Rank	FTE	Status	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Institutions of Graduate Degrees	Instructional Area(s)	Research Interests
MPH General Faculty (continued)										
Michael Samuels	Professor	1.0	Full-time	M	White	DrPH	Public Health Administration	University of North Carolina	Public Health Practicum	Rural health services; health policy & politics; health disparities; US/Mexico border health issues; workforce health
						MA	Public Administration	George Washington University		
Mary-Katherine Smith	Assistant Professor	1.0	Full-time	F	Hispanic / American Indian	DrPH	Public Health	University of North Texas	Health Education Concepts & Applied Research; Epidemiology; Introduction to Public Health Concepts; Public Health Policy & Politics; Public Health Systems Policy & Management	Emergency preparedness; cultural health disparities; maternal & child health issues; rural health issues; US/Mexico border health issues
						MPH	Public Health	Texas A&M University System Health Science Center School of Rural Public Health		
MPH Dental Public Health concentration faculty										
Don Altman	SHM Dean, Professor	.25	Full-time	M	White	DDS	Dental Surgery	University of Texas Dental Branch	Public Health Practicum	Public health & higher education
						DHSc	Health Sciences	A.T. Still University		
						MPH	Public Health	University of Texas School of Public Health		
						MBA	Business	University of Phoenix		
						MA	Bioethics	Midwestern University		

Name	Title / Academic Rank	FTE	Status	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Institutions of Graduate Degrees	Instructional Area(s)	Research Interests
MPH Dental Public Health concentration faculty (continued)										
Jeffrey Chaffin	Assistant Professor	1.0	Full-time	M	White	DDS	Dentistry	University of Nebraska	Community-Based Programs; Dental Healthcare Policy & Management; Financing Dental Care; Practical Dental Research, Planning & Design	Insurance utilization; patient satisfaction; access to dental care; preventive dentistry
						MPH	Public Health	University of Michigan		
						MBA	Business Administration	University of Texas		
						MHA	Health Administration	Baylor University		
Jaana Gold	Assistant Professor	1.0	Full-time	F	White	DDS	Dentistry	University of Oulu, Finland	Introduction to Dental Public Health; Dental Epidemiology; Practical Dental Research, Planning & Design; Global Health Ethics; Global Health Issues	Dental caries & preventive dentistry; community dentistry; dental education
						PhD	Cariology and Preventive Dentistry	University of Oulu, Finland		
S.D. Shantinath	Associate Professor	1.0	Full-time	F	Asian	PhD	Clinical Psychology, focus on Health Psychology	University of Vermont	Introduction to Dental Public Health; Dental Epidemiology; Global Health Issues; Behavioral Science & Health Education	Information communication; technology for health behavior change; oral cancer prevention; psycho-social determinants of oral health
						DDS	Dentistry	Northwestern University		
						MPH	Public Health	Harvard University		

4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) gender, f) race, g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), h) disciplines in which listed degrees were earned and i) contributions to the program. See CEPH Data Template 4.1.2.

The MPH program draws upon other SHM programs' full-time faculty members to teach MPH courses as needed. Adjunct faculty members are also used as needed to round out the faculty complement.

Table 4.1.2 Other Faculty Used to Support the MPH Program								
Name	Title / Academic Rank	Current Employment	FTE	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Teaching Areas
MPH General courses only								
Candace Ayars	Assistant Professor	Full-time DHED Program	.17	F	White	PhD	Community Health Science	Health Educational Concepts
Kimberly O'Reilly	NA	Adjunct	.33	F	White	DHED	Health Education	Introduction to Public Health Concepts
Larry Wolod	NA	Adjunct	.17	M	White	JD	Taxation	Public Health Financial Management
MPH Dental Public Health concentration courses only								
Denice Curtis	NA	Adjunct	.33	F	Hispanic	DDS MPH	Dentistry	Dental Healthcare Policy & Management
James Sutherland	NA	Adjunct	.17	M	White	DDS MPH	Dentistry	Financing Dental Care
Jeanine Tucker	NA	Adjunct	.17	F	White	DMD MPH	Dentistry	Introduction to Dental Public Health

Name	Title / Academic Rank	Current Employment	FTE	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Teaching Areas
MPH Dental Public Health concentration courses only (continued)								
Joshua Bernstein	Assistant Professor	Full-time DHED Program	.17	M	White	PhD	Health Studies	Practical Dental Research, Planning & Design
M. Dean Perkins	NA	Adjunct	.33	M	White	DDS MPH	Dentistry	Community Based Programs – Development; Community-Based Programs – Implementation & Evaluation
Michael Lazarski	NA	Adjunct	.17	M	White	DMD MPH	Dentistry	Financing Dental Care
Peggy Evans	NA	Adjunct	.17	F	NA	EdD	Curriculum & Instruction, Higher Education	Behavior Sciences & Educational Concepts
Roland Thorpe	NA	Adjunct	.50	M	Black	PhD	Veterinary Pathobiology / Epidemiology	Biostatistics for Dental Research
Warren McDonald	Associate Professor	Full-time DHED Program	.17	M	White	PhD MAEd MA	International Health Education & Research	Behavior Sciences & Educational Concepts
MPH General and Dental Public Health courses								
Cande Tschetter	NA	Adjunct	.17	F	White	PhD MSA	Organization & Management	Leadership, Coaching & Interpersonal Communication Skills

Name	Title / Academic Rank	Current Employment	FTE	Gender	Race	Graduate Degrees Earned	Discipline of Graduate Degrees	Teaching Areas
MPH General and Dental Public Health courses (continued)								
Donna Allen	NA	Adjunct	.17	F	White	PhD MS	International Health Promotion	Identifying Community Health Needs
Jacquelyn Trepanier	NA	Adjunct	.17	F	White	MBA	Business Administration / Management	An introduction to Professional Coaching
JoNeil Smith	NA	Adjunct	.17	F	White	DM	Doctor of Management	Human Resource Development
Larry Olsen	Professor	Full-time DHED Program	.33	M	White	DrPH	Public Health	Public Health Financial Management; Community Health Improvement Planning
Total			3.86 FTE					

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The primary faculty members for the MPH program have diverse backgrounds and experience in public health that they bring into the classroom. This experience includes epidemiology and emergency planning; work in community health centers as clinicians, directors, and program planners; leadership in healthcare ethics, and consultants on various global public health initiatives. One faculty member remains active in field emergency preparedness, serving as both an Event Medical Director for the Apache Rescue Team and Incident Commander for the New Mexico State Police.

Several faculty members have leadership experience at high levels of government. One faculty member has served as the principal assistant to a Surgeon General (Dr. C. Everett Koop) and a legislative health aid to Congressman Richard Gephardt (D-MO), and another served as a consultant to a Surgeon General (Dr. Richard Carmona). One faculty member was a deputy director for the National Health Service Corp. Another faculty member served as a dental officer in the U.S. Army Dental Command and retired as a Colonel and Chief of the Dental Branch of TRICARE (the healthcare program serving uniformed service members, retirees, and their families). One faculty member was the behavioral health coordinator for the Arizona Supreme Court. Another faculty member served on the Public Health Leadership Society Ethics Work Group that drafted the current code of public health ethics. One faculty member served as the Associate Director and Head of Public Health for the Fédération Dentaire International World Dental Federation. The SHM Dean has served as both a Regional Dental Director for the Texas Department of Health and Chief of the Office of Oral Health for the Arizona Department of Health Services.

The public health experience of our supporting and adjunct faculty is just as diverse. Positions held by the supporting and adjunct faculty include a Medical Service Crop officer in the U.S. Air Force; an associate vice president of a university hospital and associated multi-specialty clinics; the dean of online programs at another university; a SHINE (Serving the Health Information Needs of Elders) counselor; Emergency Volunteer at the Michigan Department of Community Health; Chief, Bureau of Dental Health for the Missouri Department of Health; Chair, Missouri Department of Health and Senior Services Emergency Response Team; and Senior Epidemiologist for the Kansas Department of Health and the Environment, Bureau of Epidemiology and Disease Prevention and the Bureau of Disease Prevention. Two adjunct instructors for the Dental Public Health concentration courses served in the U.S. Public Health Services as Captain. Both served as State/Regional Dental Consultants, one in Anchorage, AK, and the other in Denver, CO, and Louisiana. Both also served as Staff Dental Officers, one in Nome, AK, and the other in Shiprock, NM. Another adjunct faculty member is an owner of a consulting company in social media and the promotion of health literacy and overall wellness, particularly in minority and disadvantaged populations.

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The public health experience of faculty members includes working with culturally diverse populations, including a variety of global health programs. One faculty member worked as a public health dentist in Finland, another as a public health dentist in Switzerland. Faculty members have acted as consultants for programs in Iraq, Egypt, Jordan, Saudi Arabia, Tunisia, Portugal, San Juan, Puerto Rico, and Sheffield, England. One adjunct faculty member was the Quito-Ecuador Project Officer for the United Nations Children's Fund (UNICEF). Another adjunct faculty member worked at the Yakima Indian Health Center, and a supporting faculty member has worked with the Indian Health Service. An adjunct faculty member currently works as a research associate for the Center of American Indian Community Health, University of Kansas Medical Center. A faculty member served on a multidisciplinary work group on obesity in Switzerland, and another served on both the African American and the Hispanic Task Forces of the Cultural Health Initiative of the American Heart Association.

All faculty members belong to professional organizations appropriate for their specialties, including the American Public Health Association (APHA), Society of Public Health Education, National Rural Health Association, Center for Public Health Systems and Services Research, American Society of Bioethics and Humanities, Association of State and Territorial Dental Directors, American Association of Public Health Dentistry (AAPHD), Association of Military Surgeons of the United States, Violence Prevention Alliance of the World Health Organization, Society for Epidemiologic Research, National Network for Oral Health Access, and the American College of Epidemiology, among others. Many have served in leadership roles in these organizations, including two past Directors of the Association of State and Territorial Dental Directors. These memberships augment the faculty's experience by helping them keep current in their fields and facilitate networking opportunities with other public health professionals.

Faculty members bring these experiences into the classroom as they design the curriculum and individual courses. Textbook readings are augmented by up-to-date, peer-reviewed journal articles. Students are expected to be familiar with the websites for the CDC, APHA, AAPHD, the Department of Health and Human Services, Centers for Medicare and Medicaid Services, healthypeople.gov, etc., as well as local departments of public health across the nation. Multimedia materials are incorporated into the curriculum as appropriate. These materials include resources from government centers, news reports on recent issues pertinent to public health, documentaries, tutorials, and other educational materials. The faculty members observe the asynchronous student discussion forums on a daily basis and participate frequently in order to help stimulate and focus the discussions. In these online conversations, they share their experiences to provide a context for the discussion topic and make a subject come alive.

For more detail, CVs of the MPH primary faculty are available in the Resource File 4-A.

4.1.d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.1.3 shows the outcomes measures used to assess the faculty in the MPH program. The target for submissions to peer-reviewed publications has not been met in the final year of the self-study, but data are available for only part of the academic year. The percentage of full-time faculty with doctoral degrees will be back to 100% once the half-time faculty member hired to teach biostatistics courses completes her doctoral program.

Table 4.1.3 Outcome Measures and Targets for Primary Faculty for Criterion 4.1				
Outcome Measure	Target	2011-2012	2012-2013	2013-2014
Number of professional presentations by MPH faculty	10	5	11	15
Number of submissions for peer-reviewed publications by MPH faculty members	9	2	5	7
Number of grant applications (or participation) by MPH faculty members	1	2	2	10
Percentage of full-time faculty who have practical experience outside of the classroom	100%	100%	100%	100%
Percentage of full-time faculty with doctoral degrees	100%	100%	90.9%	90.9%
Percentage of full-time faculty receiving an annual evaluation and Faculty Development Plan	100%	100%	100%	100%

4.1.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The full-time, supporting, and adjunct faculty members associated with the MPH program are highly educated and represent a spectrum of experience across public health. These faculty members have worked in government, military, and global public health institutions. They have experience in research, advocacy, healthcare financing, preventive health measures, and service to the underserved and diverse cultural populations. Their diverse backgrounds and experiences provide a multitude of practical perspectives that add to the educational experiences with the MPH program.

There are no tenure-track faculty appointments in the MPH program; faculty contracts are renewed on an annual basis. Faculty members who do not consistently deliver a quality educational experience will not have contracts renewed.

Weaknesses

Our students interact and learn from top-notch experienced faculty and expand their exposure to local public health personnel through their practicum. In a more traditional university setting, the public health contacts and colleagues of faculty members are an additional informational resource that is shared with students through seminars or guest lectures in the individual classroom. We do not use this resource as much as we could to provide additional educational content for students.

Future Plans

The MPH program has started to offer webinars on a quarterly basis, as a surrogate for the seminar series that are common in traditional colleges and universities. Initially, these webinars have focused on the research activities of the faculty and serve as an additional way to expose students to public health research. As the webinars become a stable feature, the webinar series will expand to include outside speakers, including alumni, and to include topics on all essential services of public health, not just research. Webinars have an advantage over traditional seminars in that they are recorded. Students, staff, and faculty who are unable to attend the live event will have on-demand access. These recordings will be archived for easy retrieval by the students and faculty and some of them may be integrated into courses as guest lectures.

Criterion 4.2: Faculty Policies and Procedures

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

The ATSU Policies Manual (updated January 2014) is the information source for all university policies, including those pertaining to faculty. Hard copies of the manual are available from the ATSU Human Resources office and the executive assistants to the various school deans. It is also available online via secure login through the ATSU Portal (https://sites.google.com/a/atsu.edu/human-resources/policy-index).

The ATSU School of Health Management Faculty Handbook (Resource File 1-C) serves as the guide for expectations and procedures of the faculty members in all the school's programs, including the MPH program. This handbook can also be accessed online via secure login through the ATSU Portal.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty members are encouraged to take the initiative to determine their professional enhancement goals. Each faculty member must complete a Faculty Development Plan each year and discuss it with the Public Health Department Chair. Through this discussion, the faculty member and the Public Health Department Chair determine what particular professional development opportunities will be appropriate to achieve the faculty member's goals.

Various professional development opportunities are available to the primary faculty in the MPH program. These opportunities are provided by the SHM, ATSU, professional organizations, and community partners.

The SHM offers faculty members a $1,500 stipend per year to:

- travel to and participate in various public health and health-related conferences across the United States;
- purchase books, subscriptions to public health or health-related journals or other periodicals, or software;
- take courses at other institutions;
- participate in any other networking activity that may expose the faculty member to research and/or teaching methodologies; or
- participate in other activities that the faculty member and the Public Health Department Chair deem appropriate to achieve the faculty member's goals.

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This stipend is not carried over to subsequent years in order to encourage faculty to seek out professional development activities each year.

In addition, full-time faculty who desire to attend classes in any online ATSU program receive a 50% discount on the tuition.

As articulated in the response to Criterion 3.1, faculty members are provided institutional support for research from the Office of Sponsored Programs, which helps locate grant opportunities and assists faculty members in developing and writing proposals, as well as from competitive research grants funded by the university. Faculty teaching loads were reduced from three course sections per term to two course sections per term, starting in Spring Term 2013, in order to provide faculty more time to develop their research. MPH research webinars debuted in Spring Term 2014. These webinars will help the faculty keep abreast of developments in the field of public health, share knowledge gained from their ongoing research activities, and network with outside speakers.

Faculty development opportunities are also generated from service projects with community partners, such as the NMCHN, as well as those within each faculty member's local community. As faculty members work with community partners, they can learn how the public health needs of the community are met, or not, and how policy changes affect the community. As the faculty members hail from both urban and rural environments in various parts of the country, these experiences can be shared with each other. Through these shared experiences, the faculty members in the MPH program provide professional development opportunities to each other. A group community service project is planned each year for the annual faculty meeting held at graduation. This activity helps faculty members fulfill their community service requirement and also helps to build camaraderie among the faculty.

At the current time, most of these faculty development opportunities are not available to adjunct faculty. The MPH program is looking into ways to provide some of these opportunities to this important group of faculty.

One resource that supports the full-time and part-time faculty members is the Faculty Forum, located in the Blackboard LMS. This resource area is not an official course or requirement for faculty but is a repository of training activities, tutorials, and materials that faculty can access to improve their online teaching skills, learn to effectively use new technologies in the online environment, and successfully fulfill their duties as an instructor in the MPH program. The instructional design team holds monthly webinars on the use of new technologies and more effective uses of conventional technologies in the online classroom. These webinars are recorded and posted in the Faculty Forum so that they can be available for asynchronous review. Adjunct faculty members are also allowed access to the extensive ATSU library resources.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

Annual evaluations of full-time faculty members are conducted by the Public Health Department Chair. Together, each faculty member and the chair rate the faculty member on 13 items on a scale of Exceeds Expectations / Meets Expectations / Doesn't Meet Expectations. The 13 items are:

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1. Initiative
2. Dependability
3. Communication
4. Judgment
5. Planning and Organizing
6. Knowledge of Position
7. Cooperation
8. Announcements
9. At-Risk Reports
10. Discussion Participation
11. Assignments Returned
12. Grades Returned
13. Teaching/Educational Workload

If any of these criteria, or the overall evaluation, is scored at "Doesn't Meet Expectations," a developmental plan with specific goals that promote progress in areas that need improvement is drafted. A follow-up evaluation must take place within 90 days to gauge improvement. If the faculty member fails to improve, then his or her annual contract may not be renewed at the Public Health Department Chair's discretion. Since SHM has moved to hiring full-time faculty in 2010, only two full-time faculty members have not had contracts renewed.

The Public Health Department Chair evaluates the adjunct faculty based on compliance with SHM policies, such as participation in discussion forums with the students, and submission of grades and At-Risk Reports in a timely manner. Adjunct faculty are also evaluated on student evaluations (as described in Section 4.2.e) and on compliance with suggested improvements. Continued employment or termination is at the discretion of the Public Health Department Chair. A couple of adjunct faculty members have not been asked to return. The primary reason for this action has been student evaluations indicating that the instructor consistently failed to respond to students in a timely fashion.

The following sections outline the general criteria for appointment at each academic rank as outlined in the Faculty Handbook.

1. Instructor
Appointment to the rank of Instructor generally requires a master's degree with at least 12 semester or 16 quarter hours in the area in which the individual will be teaching. The individual will have prior teaching experience and/or experience in the field of study.

2. Assistant Professor
Appointment to the rank of Assistant Professor generally requires a doctoral-level degree or professional degree and at least two years postdoctoral experience or professional experience. Appointment to the Assistant Professor level is reserved for candidates who have the potential and qualifications to make a sustained contribution to the academic

mission of the SHM/ATSU, who are assigned to an academic department, and who are capable of teaching and/or independent scholarly activity and professional service.

3. Associate Professor

Candidates for the rank of Associate Professor will normally have four or more years of experience at the Assistant Professor level. Appointment to the rank of Associate Professor requires demonstrated sustained performance at a level above the minimal standards established for Assistant Professor. Appointment to the rank of Associate Professor requires evidence of sustained academic accomplishment, sustained scholarly activity, and sustained professional service.

4. Professor

Candidates for the rank of Professor will normally have a doctoral degree plus a minimum of five years of experience at the Associate Professor level. Appointment to the rank of Professor requires sustained performance at a level above the minimal standards established for Associate Professor. Appointment to the rank of Professor also requires sustained academic accomplishment, and/or sustained meritorious scholarly activity, and sustained professional service, some of which must be at the state or national level. Evidence of accomplishment in these areas should include a letter from one or more full professors at other institutions attesting to the significance of the scholarly and/or professional contributions made by the candidate.

Requirements for promotion:

Details for promotion requirements may be found in the SHM Faculty Handbook (Resource File 1-C). The following is a short summary:

Promotion to rank of Associate Professor:

Individuals considered for the rank of Associate Professor have met the expectations of the rank of Assistant Professor for five or more years. The rank of Associate Professor requires evidence of sustained academic accomplishment, including scholarly activity and professional service. Evidence of this sustained activity must be presented in all three areas, and the candidate must be rated superior in at least two categories and at least average in the remaining category.

Teaching

- Teaching effectiveness as evidenced though student and peer evaluations
- Develop new educational programs or teaching materials

Scholarly Activity

- A sustained record of publishing original scholarly work in peer-reviewed professional journals
- A sustained record of presenting scholarly work at national meetings
- Acquire extramural support for scholarly work

- Obtain professional certification (e.g., CHES, MCHES)
- Regular participation in professional development programs

Professional/community service
- Provide leadership in professional societies
- A sustained record of service to the department, school, university, and/or community

Promotion to rank of Professor:

Those being considered for the rank of Professor must have consistently excelled in meeting the expectations for the rank of Associate Professor for five or more years. The rank of Professor requires sustained and meritorious performance in the areas of teaching, scholarly activity, and service. Evidence of this sustained activity must be presented in all three areas, and excellence is expected in at least two of the three major areas of academic activity.

Teaching
- Innovation in teaching resulting in improved student outcomes
- Receipt of recognition for excellence in teaching

Scholarly Activity
- A sustained record of publication of original scholarly work in peer-reviewed professional journals.
- Publication of books or scholarly monographs
- A sustained record of presenting scholarly work at the regional, national, or international professional meetings
- Acquire sustained extramural support for scholarly activity
- Maintain professional certification (e.g., CHES, MCHES)

Professional/Community service
- Provide leadership in state, regional, national, or international professional societies or organizations
- Outstanding and sustained service to the department and school
- Receipt of recognition awards from peers, professional organizations, or community organizations

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Students are requested to anonymously complete course evaluations for all courses taken midway through the term and are required to complete them at the end of the term. The surveys are available through Tk20, a survey software used by ATSU. These evaluation forms are standard for all SHM courses. The Mid Course Survey, taken during week 5, consists of 10 open-ended questions. The End of Course Survey, taken during week 9, consists of rating

items on a five-point Likert scale, with nine statements related to teaching effectiveness, three items related to the pace and effort required in the course, nine items related to course content, organization, and effectiveness, along with seven items in a "select all that apply" format to gauge the instructor's ability to add value to the course.

Copies of the surveys and sample summary reports for instructors are available in the Resource Files (Mid Course Survey – Resource File 4-B, End of Course Survey – Resource File 4-C, and Sample Summary Report – Resource File 4-D).

At the beginning of weeks 5 and 9, respectively, an email is sent from the Associate Dean of Academic Success and Assessment that informs the students that the survey is available and provides each student with a direct link to the survey. The Academic Success Coordinators send emails to their students during weeks 5 and 9 to remind them to take the survey, and they also encourage the instructors to place an announcement in their courses to remind the students. The survey is also listed in the classroom as an activity in the corresponding learning modules. While the availability of the teaching and course evaluation twice each term allows the program and instructors to address perceived issues and improve the classroom environment in an expedient or concurrent fashion, the historic return rate of the evaluations has been low. For that reason, the end of the term survey is now required. Adherence to the requirement is accomplished by restricting the student's access to Module 10 until the survey is submitted.

The Tk20 software tallies the individual responses to the evaluations, and summaries are produced for each course. Faculty members are sent the summaries of the mid-term evaluations before the end of week 6, and the final term evaluations within two weeks of the end of term. Both the individual instructors and the various department chairs review the summaries.

The course surveys completed by the students contain information about the course content, as well as how the course compares to other courses they have taken. The responses to these questions are forwarded to the Curriculum Committee for review and possible action.

4.2.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The program has well-defined policies and procedures to recruit, appoint, and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

Historically, the end of course evaluations were voluntary, and the response rate from the students was anemic. Therefore, the end of course evaluations are now required. This required participation has not only

increased completion of the end of course evaluations, but has also increased voluntary participation in the mid-course evaluations.

Once the data have been collected, they are aggregated and shared with the faculty through individual folders in the Faculty Forum course. No faculty member has access to any other faculty member's folder. Program chairs also receive the data and use it as a component in the faculty member's individual evaluation.

When a course is scheduled for review, the Public Health Department Chair and the MPH curriculum committee can use the IRMA database to view cumulative 'End of Course Survey' data as well as 'Instructor Course Evaluations' to help determine the specific areas to revise.

Weaknesses

Currently there is no stipend to aid adjunct faculty development. Due to current budget projections, there is no plan to incorporate a stipend in the near future.

Future Plans

The MPH program is looking into innovative ways to provide professional development opportunities to adjunct faculty. Currently, adjuncts are offered the opportunity to attend Lunch and Learn sessions produced by the instructional design team and have access to the various resources in the Faculty Forum. They are also allowed access to ATSU library resources. Other avenues of professional development need to be encouraged, including free webinars that are offered through various professional organizations.

Criterion 4.3: Student Recruitment

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

4.3.a. Description of the program's recruitment policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The ATSU MPH program is advertised on a variety of education and healthcare education websites and social media, including Facebook (www.facebook.com) and Pandora Radio (www.pandora.com). Interested leads are generated from those websites and passed on to Enrollment Counselors (ECs) in the ATSU Admissions Office. The ECs contact interested parties by telephone and email. The MPH Dental Public Health concentration is also currently advertised on the back cover of the *Journal for Dental Education*.

Additional advertising and recruitment is done through faculty networking with colleagues and contacts, and staffing information booths at regional and national meetings on public health and health care. An EC may accompany faculty members to meetings where prospects should be numerous. The EC will network with prospective students, other exhibitors, and anyone interested in more information. All ECs are well versed in the program, including university and school facts, what students can expect, options available, and specific contact information. Marketing materials are available for both faculty and ECs to hand out, which includes a brochure with program and contact information and a USB drive that takes the viewer directly to the admissions pages of the ATSU website and program information. Examples of meetings where exhibitions have occurred include the Rural Health Association, American Public Health Association, National Network for Oral Health Access, National Oral Health Conference, and Inter Tribal Council of Arizona/Indian Health Services.

In addition, one of the ECs, who has a background in marketing, has been tasked with helping advertise all programs in the SHM. She works with the Public Health Department Chair and ATSU's Communication and Marketing Department to help develop promotional materials and to establish a presence on social media outlets; she investigates and facilitates affiliation agreements with undergraduate institutions to promote the MPH program; and she assists the Dean and Public Health Department Chair in the development and implementation of an annual marketing plan and budget.

The MPH degree is also promoted as a value-added degree for other healthcare programs offered at ATSU, including the DO program offered by SOMA and the DMD program offered by ASDOH. It will eventually be offered to students in MOSDOH.

The Dean of ASDOH, Dr. Jack Dillenberg, and the Dean of SHM, Dr. Don Altman, have obtained grant funds to promote interest in the dual-degree (DMD/MPH) program. This HRSA grant entitled *ASDOH DMD/MPH*

Workforce Development Initiative: Producing Oral Health Leaders for Community Health Centers (CHCs) and Public Health Settings is for $1.5 million over five years (2010-2015). This funding allows the schools to engage in a variety of marketing strategies. Professionally designed marketing cards were created to promote interest in the DMD/MPH dual-degree program. The cards are given to potential ASDOH interviewees. A mentoring program was also starting using previous dual-degree students who make themselves available to students considering the dual degree in the future.

4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

Admissions requirements and procedures are listed in the ATSU SHM School Catalog available at http://www.atsu.edu/student_affairs/handbook/documents/SHMstudentcatalog.pdf.

Admission requirements include:

- A bachelor's degree or higher from an accredited university. Applicants who graduated from a university outside the United States must provide a degree equivalency evaluation.
- A completed admissions application.
- A non-refundable application fee submitted with the application. This fee is waived for ATSU students and alumni.
- Official transcript(s) from the degree-granting institution(s).
- A minimum cumulative Grade Point Average (cGPA) of 3.0 on a 4.0 scale.
- Completion of an essay.
- Submission of two professional references.
- Completion of a required online orientation.
- Completion of the Test of English as a Foreign Language (TOEFL) for applicants whose first language is not English. Depending upon the version of the test, the minimum scores required:
    - Computer Based Test – minimum total score of 213
      Minimum score of 22 on the Reading Skills section
      Minimum score of 26 on the Writing Skills section
    - Internet Based Test – minimum total score of 80
      Minimum score of 22 on the Reading Skills section
      Minimum score of 24 on the Writing Skills section
    - Paper Based Test – minimum total score of 550
      Minimum score of 57 on the Reading Skills section
      Minimum score of 61 on the Writing Skills section

Applications are received throughout the year, and students are admitted four times a year (Fall Term, Blocks 1 and 2; Spring Term, Blocks 1 and 2), depending upon the time the application is received and the applicant's preference.

Admission committees review the completed applications for their respective concentrations (generalist or dental public health). Students may be accepted unconditionally, receive provisional or probational acceptance, or rejected. Students may be admitted provisionally if they have met all other admissions requirements, but official transcripts have not been received. Once an official transcript has been received and confirmed, the student's admission status is updated. Students are admitted probationally if they do not meet the minimum cGPA requirement. During the probationary period (two quarters) such students are required to maintain a cGPA of at least 3.0. After the student has attended the program for two quarters and maintained a cGPA of 3.0, the student's admission status may be changed to accepted.

For Fall Term 2010, SHM adopted a selective admissions policy. The policy was changed so that students selected for the MPH program would have good academic credentials and therefore better able to succeed in the online environment. Policy changes include:

1. The cGPA requirement was raised from 2.5 to 3.0
2. The essay and references requirements were added
3. Admission Committees were set up to review the applications.

For the Fall Term 2012, SHM also adopted refined requirements on the TOEFL scores. In addition to retaining the minimum overall score requirement, minimal scores were set for the reading and writing skills sections. These changes were made to ensure that foreign students accepted into the program have the requisite English communication skills required to succeed in the online environment.

A result of implementing these changes, combined with the addition of the practicum to the curriculum, was a significant reduction in the number of students entering the MPH program (see Table 4.3.1). These changes are anticipated to improve the educational quality of the MPH program by having better academically prepared students. By ensuring that the students are better prepared for the online environment, the MPH program is likely to improve the retention rate of students as well.

Applicants receive notification of admission decisions via email, with a formal letter sent through the U.S. Postal Service. Once the student is accepted into the program, weekly contact with the student is maintained until the start of the quarter. This sustained contact is designed to help maintain student interest and connection to the program, to increase a sense of belonging for the student, and to introduce the student to the variety of services available to him or her. The contact schedule is as follows:

- Week 1: A welcome package from both the Admissions team and the Academic Success Team is sent. The package will vary from year to year, but has included an APA Publication Manual, an SHM T-shirt, and ATSU branded promotional items.

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- Week 2: An email is sent from the Office of Student Financial Services, which includes directions for applying for and accepting financial aid.

- Week 3: A welcome email is sent from the ASC assigned to the student that introduces the ASC and refers him or her to the SHM Student Resources web page. A welcome email is sent from the Vice President of Student Affairs, which introduces the primary organizations serving students at the university. The email also outlines opportunities for student service and involvement.

- Week 4: The ASC calls the student on the phone, welcoming him or her to SHM. Any questions that the student may have at this point are addressed. An e-email from the Learning Resource Department is sent, which includes information on the specific services it offers that can enhance the students' educational experiences.

- Week 5: An email is sent from the Admissions department that introduces the student to the University Writing Center services. The ASC sends an invitation to the student to join the SHM Google+ community. An email is sent from the ASC that reminds students when classes start and when tuition is due, provides contact information for the controller's office and financial aid, and provides directions for accessing the course schedule and for determining the books required for classes.

- Week 6: An email from the Distance Learning Librarian (DLL) is sent that introduces the DLL and refers students to the Library Guide and library services. The ASC sends an email to remind students when classes start and repeat directions for accessing the course schedule and for determining the books required for classes.

- Week 7: An email from Alumni Services is sent, outlining the services available to alumni and ways to stay connected to the University. An email from Career Services is sent, summarizing the ways that the career services counselor can assist students or alumni seeking employment and introducing the Career Services website. An email from the ASC is sent to let students know that access to courses begins on Friday before classes start and to remind the students to buy their books.

- Week 8: Quarter start. An email from the ASC is sent to remind all students (a) to participate regularly in the weekly discussion sessions, (b) of the regular Sunday midnight deadline for written work, (c) to make use of the UWC services, and (d) of the availability of formative feedback from their instructors for the Module 1 assignment(s).

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

Because the MPH program is an online program, all recruitment materials and program publications are available online, including:

- SHM Student Catalog: http://www.atsu.edu/student_affairs/handbook/documents/SHMstudentcatalog.pdf (Resource File 1-H)
- Academic Calendar: www.atsu.edu/shm/calendar/index.htm
- MPH Program Guide: http://www.atsu.edu/shm/online_programs/public_health/documents/MPHprogramguide.pdf (Resource File 1-A)
- MPH Dental Public Health Concentration Program Guide http://www.atsu.edu/shm/online_programs/pdfs/MPH-dentalprogramguide.pdf (Resource File 1-B)
- DO-MPH Program Guide (DO-MPH Program Guide-SOMA) http://www.atsu.edu/pdf/ATSU-SHM-DO-MPH-program-guide-10112013.pdf (Resource File 4-E)
- DMD-MPH Program Guide (DMD-MPH Program Guide) http://www.atsu.edu/pdf/ATSU-SHM-MPH-DMD-dual-degree-program-guide-2014-022114.pdf (Resource File 4-F)

Grades in all SHM courses – including the MPH program – are assigned using the following grading scale:

A = 90 to 100%
B = 80 to 89.9%
C = 70 to 79.9%
F = 0 to 69.9%

The MPH program does not dictate grade distributions. Faculty are required to be aware of their grade distributions and to provide enough academic rigor to keep students engaged and ensure sufficient transfer of information and skills appropriate for a graduate-level course.

The ATSU Communication and Marketing Department creates flyers and brochures for use in marketing and recruiting of the MPH program. Examples of these materials are available in Resource File 4-G.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in a table format. See CEPH Data Template 4.3.1.

Table 4.3.1 presents the number of applicants and provides a breakdown of those applicants who were accepted and those who ultimately enrolled in the MPH and the dental concentration, as well as the total for both combined.

Table 4.3.1 Quantitative Information on Applicants, Acceptance, and Enrollments by Program (Non-Cumulative)		2011-2012	2012-2013	2013-2014
MPH Program (including DO/MPH)	Applied	128	43	36
	Accepted	95	42	33
	Enrolled	76	30	26
Dental Concentration (including DMD/MPH)	Applied	98	88	32
	Accepted	75	83	31
	Enrolled	57	65	25
Total	Applied	226	131	68
	Accepted	170	125	64
	Enrolled	133	95	51

SHM adopted a selective admissions policy beginning Fall 2010. Before this policy was adopted, and into Academic Year 2011-12, approximately 40% of the applicants were rejected due to failure to meet the minimum academic requirements, not enrolled due to failure to provide supporting documentation, or changed their minds before the first day of class. By Academic Year 2012-2013, this percentage had dropped to 28%. The additional rigor in the admissions requirements has apparently attracted more serious applicants.

However, the additional rigor, combined with the economic downturn and the addition of the practicum component, has significantly reduced the number of students applying to the MPH program. The faculty report that in spite of the reduced number of applicants, the overall quality and ability of students admitted to the program has increased.

ATSU has opened a second dental school – MOSDOH - on the Kirksville campus. MOSDOH's curriculum, like ASDOH's, includes the requirement of completing a Certificate of Public Health – Dental Emphasis through SHM's Department of Public Health. When MOSDOH's inaugural class completes its certificate in Academic Year 2015-2016, the MPH program may anticipate a bump in enrollment for the Dental Public Health concentration when those students will also have the option of enrolling in the dual DMD/MPH program.

4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

Table 4.3.2 shows a drop in enrollment numbers from the 2011-12 academic year to the 2012-13 academic year. However, those numbers have stabilized and will likely be higher in the 2013-14 academic year, once all data are calculated.

Table 4.3.2 Student Enrollment Data by Area of Specialization, from 2011 to 2014						
Degree & Specialization	**2011-2012**		**2012-2013**		**2013-2014**	
	HC	**FTE**	**HC**	**FTE**	**HC**	**FTE**
MPH (including DO/MPH)	118	67.5	77	43.5	80	29.1
Dental Concentration (including DMD/MPH)	198	102.9	165	77.6	177	41.5
Total	316	170.4	242	121.1	257	70.6

4.3.f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.3.3 shows that the MPH program accepts the majority of students who apply to the program, in part because there are fewer applicants to the program than in past years. However, applicants must meet the minimum GPA requirement unless other factors considered by the Admission Committee, such as work history, point to a strong chance of academic success by the applicant.

Table 4.3.3 Outcome Measures and Targets for Criterion 4.3 Students				
Outcome Measure	**Target**	**2011-2012**	**2012-2013**	**2013-2014**
Students admitted as a percent of applicants.	75%	75.0%	72.3%	96.6%
Percentage of students accepted who meet or exceed the minimum GPA requirement*	95%	61.0%	80.0%	73.0%

*Students who were admitted with GPAs below the minimum requirement were accepted based on other admissions criteria that indicated a good chance for success in the MPH program. These students are admitted on probationary status and remain on probation during their first two quarters.

4.3.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

Strengths

The move to more stringent admissions requirements has notably increased the preparedness of students enrolling in the MPH program and has also improved the seriousness and the quality of the applicants, as shown by the increasing percentage of applicants accepted. Nevertheless, having some flexibility in accepting students with lower GPAs has not harmed the overall quality of our student body and has allowed us to admit students who demonstrate through other criteria the potential to be great public health practitioners, or students who are enthusiastic about enhancing their primary degree with public health knowledge.

The series of emails sent to accepted students are timed so the student receives at least one communication from the University each week. These communications are key to connecting the students to the online community present in the SHM and the MPH program and to ensure awareness of the services provided to help support academic success and enhance the online learning experience.

Weaknesses

The move to more stringent requirements, in combination with a poor economy and the addition of the practicum, has significantly reduced enrollment in the MPH program. This development, however, is as much a strength as a weakness; higher standards have improved the program.

Future Plans

For the Fall Term 2014 admission cycle, the MPH program developed guidelines and application forms for an Association Tuition Discount program for professional associations that are the target market of the program. Using this member benefit marketing tool, the program is building relationships with two professional organizations: the National Network of Oral Health Access (NNOHA) and the Western Clinicians Network (WCN). NNOHA members are dental directors from CHCs, and WCN members are medical and dental directors at CHCs in western states. Members of these associations receive a 20% discount on ATSU tuition. If these relationships successfully increase enrollment, we will look for additional appropriate professional associations for partnerships.

Criterion 4.4: Advising and Career Counseling

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.4.a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Student Advising Services:

The SHM ASCs provide administrative support and student advising services for all programs. Two ASCs in Kirksville provide services to the MPH students, and one ASC in Mesa provides services to the students in the Dental Public Health concentration and to the dual-degree DMD/MPH students. The ASCs have strong technical, written, verbal, and problem-solving skills, and are personable and customer service-oriented. A full job description for the ASC position is located in the Resource File 4-H (ASC job description).

ASCs monitor classroom participation of both faculty and students, as well as academic progress of students. Faculty are required to produce at risk reports each week, listing students whose scores fall below 70% for a given week, or 75% overall, and noting all communication that has taken place between the at-risk student and the instructor. If the instructor attempts to contact a student and does not hear back, or if an instructor believes a student will benefit from additional support, ASC contact is requested. ASCs are encouraged by SHM to contact any student falling below 75% overall, in consultation with the faculty member of a course.

ASCs initiate contact with at-risk students to inquire about their welfare and reasons for academic struggles. The ASC can provide encouragement to the student and may suggest working with the instructor or with additional resources (e.g., requesting formative feedback on assignments from the instructor or working with the UWC). If temporary withdrawal is appropriate, the ASC assures the student that "we understand life happens" and encourages re-entry to the program as soon as appropriate.

To remain in good standing, all MPH students must meet Satisfactory Academic Progress (SAP) requirements, including maintaining a 3.0 cGPA and successfully completing 66.6% of all courses attempted. Withdrawing from a course before the end of the sixth week of the term does not count against a student for SAP.

If a student fails to meet SAP requirements, the ASC notifies the Public Health Department Chair, who places the student on academic probation. The Public Health Department Chair then sends a letter via certified mail to the student, explaining why the student is on academic probation and the necessary academic performance required to remove the probationary status. The ASC is responsible for contacting students placed on probation on the same day that the letter is sent to ensure that the student understands the terms of the probation, to determine the reason(s) the student is struggling academically, and to encourage appropriate measures, such as time management or use of the

UWC, to help a student raise his or her cGPA to the 3.0 minimum. During the probationary period, a student may only take two courses and must earn a minimum 3.0 GPA during each term of their probation, and must achieve a cGPA of 3.0 by the end of the probation period. Withdrawal from a course after the sixth week would be an automatic failure to meet probation requirements.

In the event that a student fails to make SAP during the probationary period, he or she may petition the Public Health Department Chair for another probationary term to meet the requirements. Alternatively, if a student fails to meet probation requirements, he or she may be administratively withdrawn from the MPH program.

In addition to working with students who struggle academically, the ASCs provide informational advising services to all students, make adjustments to Academic Degree Plans (ADPs) as requested, and refer students to other campus resources as appropriate. SHM ensures that the student to ASC ratio never exceeds 1:200 (with a goal of 1:150) and budgets for hiring additional ASCs as enrollment dictates. Each ASC typically oversees 100-150 students.

If students have professional or personal problems, the ASCs are available to navigate a student through the correct procedures. For instance, if a student is having issues with an instructor, the ASC will encourage a student to first contact the faculty member and determine if the student can get resolution. If not, the student can then contact the Public Health Department Chair to discuss the conflict. This applies to issues with full-time and adjunct faculty members. If the issue is personal in nature, the ASC can lead the student to appropriate resources to resolve a situation (e.g., a counselor) or work with the student to take some time off and resume once personal issues are resolved.

Two of the ASCs, one from the Kirksville campus and one from the Mesa campus, participate in the MPH curriculum committee meetings and are familiar with the MPH program and Dental Public Health concentration curricula. In addition, the Mesa campus ASC has completed a graduate certificate in academic advising and has begun taking courses as a student in the MPH program.

Faculty Advising

All faculty members maintain contact with the students via course email and are available to meet synchronously with students over telephone, Google hangouts, or Skype. The program courses and schedules are standardized, so faculty members generally do not need to advise students with regard to courses and scheduling. Faculty members do provide academic help with students who are struggling in the courses while also stimulating engaged students with additional public health resources and articles that enhance their learning beyond the standard coursework. Faculty members mentor students by providing advice on practicum strategies, assisting students with career planning, and sharing their own experiences in public health.

Full-time faculty members gather once each year prior to graduation. During this time, the University's Student Affairs staff provides a one-hour course each year on different aspects of student learning needs. In 2014, the topic will be "Student Advising."

4.4.b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

SHM Career Services are available to all SHM students and alumni, including those in the MPH program. SHM's Career Counselor is available to help students enhance and draft powerful resumes, cover letters and CVs; develop effective job search strategies; identify and articulate their skills, values, and expertise; and build competence and confidence for job interviews.

The Career Counselor helps students/alumni achieve these goals by providing career management and professional development coaching; proofreading, editing, and suggestions for resumes, *curricula vitae*, and any job-related correspondence; sample documents and document formatting guides; mock interview sessions; employment and fellowship opportunities; tips on dining etiquette, appropriate interview attire, and networking; and critiques of teaching and research philosophy.

In addition to providing these one-on-one services, the Career Counselor maintains lists of current employment and fellowship opportunities and sends emails to inform all SHM students and alumni of newly posted opportunities. SHM Career Services is accessible via website, https://sites.google.com/a/atsu.edu/shm-career-services/. The website includes a list of available services, information on how to contact a career services specialist and job and fellowship opportunities. The website also incorporates tips and links to tools that can be accessed any time. These tools include a job-hunting web service with integrated employment research tools (atsu.careershift.com), and online video mock interview software (atsu.interviewstream.com).

4.4.c. Information about student satisfaction with advising and career counseling services.

One of the ASCs for the MPH program, Lee Bonnel, received an ATSU Employee Excellence Award for the final quarter of 2010 in recognition of the outstanding service she provides to students. Each quarter, faculty and staff are solicited for Employee Excellence nominees. These nominations are submitted to the ATSU Human Resources Department, which presents them for selection at the quarterly Missouri Campus Staff Council meeting.

In addition to the formal recognition of excellent support by the Academic Success Department, unsolicited student feedback regarding the ASCs is often received and includes a variety of emails from the students. Excerpts from these emails are contained in the Resource File 4-I (ASC Email Testimonials).

Since Fall 2012, graduates of the MPH program have been requested to complete an exit survey at the time of graduation. In that survey, students rate their experience with their ASC, on a five-point Likert scale. Beginning in the Fall Term 2014, the survey will include rating Career Services on that same Likert scale.

In August 2013, a survey was sent to all SHM students asking them if they have used the Career Services, who referred them, what services they used and their satisfaction with those services. They were also asked what kinds of topics they would like to see covered in webinars, podcasts, or webcasts. Finally they were asked a series of 14 questions to assess the kinds of services that they would most likely utilize and to rate their experience with Career Services on a five-point Likert scale.

Only three responses were received from MPH students (Resource File 4-J). Those students relayed that they would use an online resume building service if it was available, and would also find webinars, webcasts, or podcasts helpful to them. Two-thirds of them said they needed assistance with job search strategies and would like to improve their job interview skills. The small response sample does not yield reliable data; a regular survey of the students over time should yield better data for making decisions. However, the Career Counselor is working to develop some of these additional services for the future.

4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

The Student Grievance Procedure is spelled out in the ATSU Student Handbook (Resource File 1-H), available online at http://www.atsu.edu/student_affairs/handbook/documents/SHMstudentcatalog.pdf

Students should first discuss a complaint with the instructor of the course. If the student is not satisfied with the response, he or she may appeal in writing to the Public Health Department Chair. If the student remains dissatisfied, he or she may then submit a written appeal to the SHM Dean.

Students having a complaint dealing with discrimination, harassment, or retaliation should contact either the Vice President of Student and Alumni Services on the Kirksville campus, or the Assistant Vice President of Student and Alumni Services on the Mesa campus. Within 10 days of receipt of a written or verbal complaint, the University will conduct an investigation. If the student is not satisfied with the findings of the investigation, he has five business days to appeal to the SHM Dean, who has 15 business days to respond. If the student remains dissatisfied, he has five business days to appeal to the President of ATSU, who has 15 business days to respond to the appeal. There have been no complaints in the last three years.

Typically, the ASC is the first contact for a student expressing a grievance. The ASC may then help the student determine the appropriate course of action, direct him or her to the appropriate personnel, and act as an advocate or intermediary on behalf of the student.

If a student has a complaint about the ASC, he or she would take the complaint to the Public Health Department Chair. To date, no complaints about any of the ASCs have been received.

4.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

SHM policies are student contact oriented. The weekly contacts during the matriculation process and continuing with at least four more reminder emails per quarter from the ASCs, are designed to increase students' sense of belonging. The ASCs are caring people, dedicated to high quality service. These attributes are evident from the unsolicited feedback received from their students.

Weaknesses

The Career Services position was filled at the end of 2012. Because the position is relatively new, we have not yet received sufficient feedback to ensure the Career Counselor is meeting all of the perceived needs of students and alumni.

Future Plans

Beginning with Fall Term 2014, graduates will be able to rate their experience with Career Services in the graduate exit survey. An initial survey designed to assess students' perceptions about the services offered through Career Services, their anticipated need for further specific assistance from Career Services, and their satisfaction with those services was sent to all SHM students in August of 2013.

In the future, the Career Services director will send quarterly surveys to students who have taken advantage of the service to determine satisfaction and assess the need for additional services.